

**Independent Evaluation of  
Area Based Development  
Programme  
in  
Kashkadarya and  
Karakalpakstan  
Regions of Uzbekistan**

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*Abhijit Bhattacharjee*

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## **Abbreviation**

ABD	Area-Based Development
ASSC	Academy of State and Social Construction
CBO	Community Based Organization
CDP	Community Development Plan
CO	Country Office
CPAP	Country Programme Action Plan
DOTS	Direct Observed Treatment Short-course
ELS	Enhancement of Living Standards
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GoUz	Government of Uzbekistan
KII	Key Informant Interview
MDG	Millennium Development Goals
MFI	Micro-Finance Institution
MICS	Multi-Indicator Cluster Survey
MOE	Ministry of Economy
NGO	Non-Government Organization
OECD/DAC	Organization for Economic Cooperation & Development/ Development Assistance Committee
SSI	Semi Structured Interview
TB	Tuberculosis
ToR	Terms of Reference
TRAC	Target from Resources Assignment from Core
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations International Children's Fund
UNV	United Nations Volunteers
Uz.soume	Uzbekistan soume (\$1=Uz. soume 1,807)
WHO	World Health Organization
WIS	Welfare Improvement Strategy

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## **Executive Summary**

UNDP has been implementing an Area-Based Development (ABD) Programme in Kashkadarya and Karakalpakstan regions of Uzbekistan since August 2008. The programme came to an end at the end of December 2011. As envisaged in the programme design, an end-of-the-project evaluation was conducted in January 2012 by an independent consultant. This report presents the findings and conclusions of this evaluation.

The evaluation was based on a mixed-method approach to data-gathering involving field visits, key informant interviews and focus group discussions, and examination of documentary evidence and data available with UNDP.

Core activities of ABD programme focused on the following:

- (i) Middle level local Government officials in Karakalpakstan and Kashkadarya are better capable of supporting local development plans
- (ii) Local communities in Karakalpakstan and Kashkadarya are better capable of taking part in and contributing to their socio-economic development
- (iii) Communities have increased access to rural development services and business opportunities in Karakalpakstan, Kashkadarya region and nationwide
- (iv) Empowering communities through local volunteerism to address poverty and tuberculosis in Karakalpak region.

The evaluation found that the programme design and its outputs were directly in line with UNDP's Country Programme Action Plan (CPAP) outcome of halving absolute poverty and hunger (MDG 1 targets) by 2015 which is also the first outcome of the country's United Nations Development Assistance Framework (UNDAF). The ABD programme outputs aimed at strengthening national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty.

At the level of activities and outputs, several initiatives have already produced results that are likely to be sustained beyond the project duration. The programme has created space for community participation in local development and built trust within and between communities and government officials at district level.

### **Conclusions:**

The main achievement of ABD programme has been in generating, testing and developing models which address deep-rooted problems of under-capacity and under-development at community and grassroots institutional level. While a good

start has been made in initiating new approaches at regional and district levels, these need further consolidation and systematization if the models are to be scaled up at wider level to address MDG goals in the country.

The successes achieved under the programme have good potential for scaling up nationally in a systematic manner. This will require fairly robust evidence-based data to be built up from these successes and taken forward for policy dialogue with government at appropriate levels. At present, UNDP has been seen to be weak in this area, especially with regard to the ABD programme.

Going into the future, UNDP needs to ensure that it has adequate staff capacity to take forward the work to the next level where deeper analysis, knowledge-generation and evidence-based advocacy will be crucial in order to sustain and scale up the work.

## **Recommendations:**

### **Summary recommendation 1:**

**Consolidate the work done so far in the same geographical areas by building in systematic research, analysis, policy dialogue and advocacy into the programme.**

#### **Detailed recommendations:**

- R1: With increasing emphasis being laid by the government on role of communities and community-based organizations (CBOs) in decentralized system of governance, experiences and results from the Community Development Plans (CDP) need to be systematically documented, analyzed and data generated thereof needs to inform dialogue with Government of Uzbekistan (GoUz) and donors regarding mainstreaming participatory processes in development planning and implementation. (pp 20)
- R8: If the project is to be continued into the future, systematic data on the project's performance and impact need to be gathered, analyzed and used for discussion with relevant health authorities to explore mechanisms for ensuring recognition of the community volunteers as part of the healthcare system. (pp 28)
- R9: In order to build on the work carried out so far, UNDP needs to consolidate its work in the same geographical areas, and not spread itself too thinly and too quickly. Towards this end, it needs to ensure that ABD programme has linkages with other programmes of UNDP as well as other relevant agencies. (pp 31)
- R10: UNDP ought to ensure that it puts in place adequate staff capacity for data-gathering, analysis and development of knowledge base from the micro-projects and for policy development and dialogue. To this end, UNDP needs to recruit a policy and practice expert to work with ABD teams on the ground. (pp 32)

**Summary recommendation 2:**

**Document and internalize lessons from the programme and use these for continuous improvement in the programme.**

Detailed recommendations:

- R3: UNDP needs to commission a local researcher /consultant with experience in participation and community development to document the processes and outcomes of community projects under the ABD programme. (pp 23)
- R5: The business centre model developed as pilot initiatives has proven to be an effective and sustainable tool to promote grassroots economic growth and development through promoting local businesses, and lessons from these need to be captured for UNDP to be able to advocate for institutionalization of this. (pp 26)
- R7: UNDP needs to conduct an impact study of microfinance activities and their wider impact as retail financial service provider for the poor. (pp 26)

**Summary recommendation 3:**

**Further develop programme staff capacity in project cycle management and result-based management of programme.**

Detailed recommendations:

- R2: In future, UNDP needs to clearly define and distinguish between indicators of outputs and higher-level indicators of lasting changes and end results expected from the ABD programme in the Results & Resources Framework. (pp 20)
- R4: For future programmes, UNDP needs to undertake in-depth analysis of socio-economic structures at community level and ensure that staff understand the local power dynamics and vulnerability factors which often affect inclusion- or exclusion-bias in development programmes. (pp 23)
- R6: UNDP needs to ensure that its programme staffers are better trained in socio-economic analysis and integrating gender and equity considerations in planning and design of livelihoods interventions in future. (pp 26)

## Section 1

# Introduction, Purpose and Methodology of the Evaluation

### 1.1 Background to the Evaluation:

UNDP has been implementing an Area-Based Development (ABD) Programme in Kashkadarya and Karkalpakstan regions of Uzbekistan since August 2008. This three-year ABD programme is directly linked to the first outcome of the country's United Nations Development Assistance Framework (UNDAF) as it contributes to strengthening national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty.

The current ABD programme is a substantive revision of the Area Based Development Project/PROSPECTS operating in Kashkadarya since August 2007. The programme was signed in August 2008 by the Ministry of Economy (MOE), the implementing agency, and UNDP. It is funded by UNDP and the Government of Norway.<sup>1</sup> The main beneficiaries are: the Council of Ministers of Karakalpakstan and the Khokimiyat of Kashkadarya, the Mahalla Fund and the Mahalla Committees in 100 villages and the local population.

The ABD programme focuses on three main areas of interventions:

- Capacity building of local government bodies in regional development planning and public services provision.
- Building rural communities' capacity to participate in local development processes and undertaking self-help initiatives for improved access to essential public services.
- Building the capacity of community level business and agricultural advisory services and improving communities' economic productivity.

Within the ABD programme framework, there was also a special project (funded by the Government of Norway) focusing on high incidence of Tuberculosis (TB) in Karakalpakstan region. This project was implemented jointly with the United Nations Volunteers (UNV) in five districts of the Karakalpakstan region since January 2009. The current ABD programme came to an end at the end of December 2011, and as envisaged in the programme design an end-of-the-project evaluation was conducted by an independent consultant in January 2012. This report presents the findings and conclusions of this evaluation.

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<sup>1</sup> It is funded by Norway for the part related to rehabilitation of TB community infrastructures and administrative and managerial support in 4 districts of Karakalpakstan only.



## 1.2 Purpose and Objectives of the Evaluation:

### 1.2.1 Purpose

As outlined in the terms of reference (ToR, Annex 1), this evaluation is an end-of-project evaluation of a three-year programme to assess the effectiveness and results of the ABD programme. While examining results of various projects under ABD, the evaluation will particularly assess how the project outcomes contributed to higher level UNDAF outcomes<sup>2</sup> and UNDP's Country Programme Action Plan (CPAP) outcomes, and based on the lessons and findings from the evaluation comment on future direction of the ABD programme.

### 1.2.2 Scope and objectives

The evaluation concentrated on the last two years of programme implementation. The geographical scope of the evaluation covered the two regions of Karakalpakstan and Kashkadarya only, although UNDP has been implementing ABD programme in five regions of the country.

In order to achieve the above purpose, the evaluation focused on the following objectives:

#### Results – Effectiveness and Efficiency:

- To evaluate the effectiveness of the ABD programme intervention in the target communities in terms of improved public services delivery to improve economic well-being of vulnerable groups (UNDAF outcome 1).
- To assess the effectiveness of the TB project in the target communities, including a qualitative assessment of the potential effect of the TB project on the national target: reverse the spread of tuberculosis.
- To evaluate the effectiveness of the community mobilization, volunteerism, and development planning on the economic productivity of the target communities and the economic well-being of community residents.
- To evaluate efficiency in the use of ABD/TB programme resources and how far these have contributed to or hindered the achievement of programme's results and CPAP's outcomes.

#### Participation and capacity building:

- To assess the quality of the processes of participation in local governance in target communities and the effectiveness of the ABD programme and TB project interventions on the development of community institutions.

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<sup>2</sup>The overall objectives of the UNDAF are to: (i) develop successful strategies in order to improve living standards throughout the country; (ii) enhance basic services in the country, specifically with regard to health and education services; (iii) harmonize national legislation with relevant international UN instruments; (iv) build the capacities of, and partnerships between, government and civil society; and (v) mainstream human rights and gender issues. (source: UN. *United Nations Development Assistance Framework 2010-2015*)

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- To evaluate the nature of the conceptual and practical linkages between ABD pilot capacity building activities at community level and ABD pilot capacity building of government institutions at district and provincial levels.

### **Process outcomes and coherence:**

- To appraise the synergies between the ABD and TB interventions and other interventions and partners in the target areas by looking specifically at how resources have been leveraged towards the attainment of the relevant millennium development goals (MDG 1 and MDG 6 targets).
- To explore evidence of replication of the ABD pilot activities and investigate the possible instruments for 'scaling-up' the pilot interventions into national sector policies.
- To assess and comment on the linkage and contributions of the ABD in general and the Tuberculosis project in particular on the UNDAF and CPAP outcomes which are underpinned by MDGs.

## **1.3 Organization of the Evaluation:**

The evaluation was commissioned by the UNDP country office (CO) in Uzbekistan and managed by a Project Coordinator who oversees the ABD programme. Through an international recruitment process an independent consultant was selected and tasked to carry out the evaluation. The field visit for the evaluation took place during 14-28 January 2012.

### **The evaluator and declaration of any bias:**

Abhijit Bhattacharjee is an independent evaluation and strategy expert with over twenty-nine years of senior management and consulting experience in international organizations in various parts of the world. With extensive experience in NGOs, the United Nations, Government aid agencies and Red Cross/Red Crescent Movement, he has carried out short-term consulting assignments for UNDP (and other UN agencies) from time to time, but has never sought or occupied any full- or part-time staff position in any of the UN agencies, and had not worked in Uzbekistan previously for any agency.

Prior to the commencement of field work, the evaluator produced an inception report<sup>3</sup> outlining key elements of the evaluation approach, framework and methodology which were agreed with the CO. In the fieldwork phase, after a short briefing in the CO, the evaluator travelled to the two regions to gather data from an extensive range of sources, including regional and local government authorities, Mahalla Committee members, beneficiary communities, ABD project staff and NGOs associated with the project. A full itinerary of the evaluator is given at Annex 2. At the end of the field visit an exit debrief was conducted where the evaluator presented preliminary findings to a group of core members of the CO, following which draft reports were circulated for comments and further validation before the report was finalized.

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<sup>3</sup> Attached as Annex 3

## 1.4 Methodology and Reporting:

### 1.4.1 Methodological approach

The overall methodology was based on both inductive and deductive approaches using qualitative data gathered through a mixed-method approach from a carefully selected range of sources as indicated below.

The data collection for this evaluation was mainly done through purposively selected key informant interviews (KIIs), semi-structured discussions (SSI), documents research, specific data points requested of UNDP, and carefully structured focus group discussions (FGD) with communities in the two regions. The evaluation also used the data from documents made available by UNDP.

### 1.4.2 Evaluation framework

Broadly the evaluation used three OECD/DAC criteria namely Effectiveness, Efficiency and Sustainability to answer the key evaluation questions detailed in the ToR. The evaluation being a qualitative assessment against the above OECD/DAC criteria, the key methods and sources of data used were as follows:

#### **Key methods and sources of data**

##### 1. Semi-structured interviews, focus group discussions and site visits

The review conducted key informant interviews, semi-structured interviews (SSI) and focus group discussions (FGD) with the stakeholders – mid-level government officials, communities, small business grant recipients, agricultural cooperatives, etc.

Overall, the evaluator met with 13 government officials (Khokim and Deputy Khokims), 8 UNDP/ABD staff, 15 individuals who were direct beneficiaries of income generating activities/enterprises, and conducted FGDs or site visits in 23 locations (community gas/water supply projects, health centres/schools etc). The following table shows the breakdown of primary data sources (key informants, FGDs, semi-structured interviews and site visits) in different locations during the fieldwork:

**Table 1: Details of interviews and site visits conducted by the evaluator**

Primary data sources	Karakalpakstan	Kashkadarya	Tashkent
Government officials Khokimiyats in regions, Districts and towns	5	8	0
Community groups/pro- ject sites (community water system, gassification, scho- ols/health centres repair)	14	9	0
Business Associations, NGOs	4	4	0
Direct beneficiaries of Income generating projects,	9	6	0

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Demonstration plots

ABD/UNDP staff	3	3	2
Others	1	0	1

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### **2. Documents**

Key documents were also used to supplement data gathered through case studies, SSIs and FGDs. Some of the vital documents which were examined by the consultant are as follows:

- ABD and TB Project documents
- CPAP documents
- UNDAF document
- ADR – Uzbekistan, 2009
- Regional development plans
- Report on mid-term internal review of the TB project
- Survey data/report on awareness about TB and confidence in the health system among communities
- Financial data showing breakdown of expenses on different activities/ interventions in the ABD programme
- Financial data showing breakdown between management/administrative costs and programme costs.

A detailed list of the key documents consulted is attached as Annex 4.

### **3. Research questions based on the evaluation framework**

Based on the evaluation framework and the questions that were to be examined during the evaluation, specific sub-questions for research were developed and used during the data-gathering process. These are provided as Annex 5.

#### **1.4.3 Triangulation of data**

Triangulation is a core principle in mixed-method data collection as it ensures that the results are linked up into a coherent and credible evidence base. This evaluation relied mainly on:

- Source triangulation. The consultant compared information from different sources, i.e. at various management levels in different UNDP functional units (Tashkent and in field offices), UNDP partners (Government, NGOs), and data available from various reports.
- Method triangulation. The consultant compared information collected by different methods, e.g. interviews, focus group discussion, document review.
- Oral presentation of preliminary findings and conclusions to UNDP stakeholders in the field and Tashkent as part of the validation process.

## **1.5 Limitations:**

The evaluation was based mainly on anecdotal evidences as hard data and reports on outcomes and results were hard to come by. The programme data that exist are mainly output- and activity-oriented. Data gathering by the evaluator was affected by the fact that discussions with communities and government officials had to be conducted through interpreters which made focus group discussions challenging. To this extent, the report suffers from an impressionistic approach to evaluation, although, wherever relevant secondary data were available, the evaluator has used these.

## **1.6 Format of the Report:**

The report is presented in five sections. Section 2 gives a brief introduction to the programme context of the ABD programme, followed by presentation of key findings in section 3. Section 4 draws conclusions based on the criteria for evaluation as per the ToR. In sections 3 and 4, wherever relevant, the report draws conclusions and makes recommendations at the end of each sub-section. In the final section (section 5), the report summarizes the overall findings and presents recommendations for future.

# **Section 2**

## **Introduction to ABD Programme Context and Content**

### **2.1 Rationale Underpinning the ABD Programme:**

This three year ABD programme is directly linked to the first outcome of the country UNDAF as it contributes to strengthening national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty. UNDP has been supporting the formulation and implementation of area-based development in five different parts of the country. It was designed as a pilot project to demonstrate models for facilitating strong interface between local communities and local governments at the point of delivery of public services, and promoting economic growth and poverty alleviation at the level of communities. This

is very much in line with the Government of Uzbekistan's strategic objective of improving welfare and reducing inequality.

The programme mainly builds on the achievements of the EU-UNDP Enhancement of Living Standards (ELS) projects in Karakalpakstan and the Fergana Valley. UNDP has also supported income generation activities in Kashkadarya aimed at improving access to finance by the rural population. In Karakalpakstan, the project also serves as a framework for joint work under an UNV-UNDP project called Empowering Communities through Local Volunteerism to address Poverty and Tuberculosis in Karakalpakstan (the TB and poverty project in short).

Within the first activity, the programme has contributed to the design of a regional development strategy in Kashkadarya, developed guidelines in local development planning, conducted a capacity assessment of local authorities, and provided training to middle-level civil servants. As part of the second activity, a selection of most economically vulnerable rural communities was targeted for participatory decentralized planning and rehabilitation of essential public services namely gas, electricity and water supplies, and access to healthcare and education. Through the third activity, the programme has supported the start-up of agricultural co-operatives and small rural businesses through equipment grants and trainings, funded innovative micro-loans schemes, established pilot 'farm field schools' and Business Development Centres. The fourth activity focusing on TB project community mobilization and volunteer interventions has been integrated with the ABD programme.

## 2.2 The Programme Context:

Uzbekistan is an upper low-income country which has seen significant growth in its economy over the past five years. Riding on the back of growth in exports (in the region of 6%-8% GDP per annum between 2004 – 2008) and high rates of public expenditure in the education and health sectors, the country has witnessed reduction in the overall poverty rate from 27.5% (urban 22.5% to rural 30.5%) in 2001, to 23.6% (urban 17.6% to rural 27.1%) by 2007.<sup>4</sup>

In basic social services, Uzbekistan has witnessed a dramatic transformation in a short time; in the Multiple Indicator Cluster Survey (MICS) 2006, a national household survey jointly conducted by the Government and the UNICEF, progress was shown in providing better education, health and child protection services alike, yet with still more to be done. In line with the National Programme of Personnel Training, significant reforms have taken place within the education system, including extending compulsory education to 12-year old through the introduction of a secondary specialized tier of education, and the Government has sought to maintain very high levels of expenditure on education. In the health sector, meanwhile, Uzbekistan has set a "strategic triad" of preventive health care, promotion of healthy lifestyles, and improved quality of health care services as critical for developing an

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<sup>4</sup>UNDP Uzbekistan Country Programme Action Plan 2010-2015

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improved health care system. The Government likewise has committed to raise expenditures on health care, and has also brought together successful evidence-based nutrition interventions under one framework.

General trends show progress toward the achievement of international and national health and nutrition indicators, a positive sign for the Millennium Development Goals (MDGs).

With the technical support of the United Nations and other international organizations, the Government has been developing the capacities and skills of its officials in Results Based Management, monitoring and evaluation of development programmes, even as it begins to delegate more responsibilities to regional government structures. The Government also has made progress in addressing gender equality and the advancement of women, achieving gender parity in primary, basic secondary and vocational education much earlier than the MDG target date of 2015.

However, sectoral and regional disparity in growth has meant that some regions of the country have lagged consistently behind others. With over half the population living in rural areas, rural poverty remains high due to recent reduction in employment in the agricultural sector as well as increasing pressure for access to the natural resources of land and water. In some regions like Karakalpakstan which is one of the poorest in the country, there has been an overall deceleration in economic growth leading to increase in poverty due to desertification and decline in fishing which was the mainstay of the economy. In Karakalpakstan, for the past decade UNDP has been providing support to alleviate the consequences of the Aral Sea disaster.

Rural livelihoods will play a vital role in the Government strategy for employment-intensive rural regeneration, reducing inequalities and contributing to a cohesive urban/rural social policy. The Welfare Improvement Strategy (WIS), that is the equivalent of the Poverty Reduction Strategy Paper for Uzbekistan, was adopted by the Government in August 2007. As highlighted in the strategy, there are significant discrepancies in living standards and economic growth between and within regions, and between urban and rural areas. Through the strategy, the government is committed to implementing measures for improving living standards, social services and quality of education and health care, as well as addressing rural development issues, such as employment creation and increased access to microfinance.

In order to meet these objectives, the Government has launched reforms in agriculture, privatization, trade and tax reform, and support to public administration and decentralization. At the regional level, the government provides loans against subsidized interest rates to vulnerable households for home-based income-generating activities, family businesses and livestock development. The loans are financed from the Employment Fund (run by the Ministry of Labour), while the eligible households are identified and selected through the Citizens' (Mahalla) Committees.

The government has ambitious plans for dealing with the issues of under-development and poverty alleviation in the country. However, aid agencies generally

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believe that in order to deliver on all the commitments, far-reaching changes will be required in the working culture at various levels which continue to reflect a legacy of the top-down centralized system the country has been used to for decades. Greater orientation of the system of administration and governance to public participation and downward accountability will hold the key to realizing the goal of people-centred development in future. “Governance structures and capacities must be more sufficiently adapted to the competitive challenges of a globalized world and citizens’ aspirations for better public service delivery.”<sup>5</sup>

Development aid (official) to Uzbekistan has seen a steady decline after reaching its peak of US\$250 million in 2004 to US\$ 190 million.<sup>6</sup> This declining trend is likely to continue in future; knowledgeable sources suggest that grant funded assistance may be gradually replaced by loans from international financial institutions (World Bank and Asian Development Bank in particular) with the conditionalities that come with them having consequences on the poverty landscape in the country.

### **2.3 ABD Programme Components:**

The outcome, activities and indicators which underpinned the ABD programme including the TB project are summarized in Table 2<sup>7</sup> below.

#### **Funds:**

	<u>Total budget</u>	<u>Spent<sup>8</sup> upto 12/2011</u>
ABD programme:	US\$ 4,668,765	US\$ 4,347,151
Tuberculosis project:	US\$ 550,525	US\$ 505,935

It needs to be noted that although the programme as approved by donors came to an end in December 2011, UNDP has been carrying out a number of follow up activities since January and has obtained a small fund (US\$ 500,000) from its core resources (TRAC<sup>9</sup> funds) for six-months period beginning January 2012.

**Table 2: ABD Programme Outcome, Indicators and Activities Summary**

<sup>5</sup> UN in Uzbekistan and Government of Uzbekistan (2009). *UNDAF for the Republic of Uzbekistan, 2010-2015*.

<sup>6</sup> Data from [World Bank, World Development Indicators](#), Last updated: Jan 24, 2012

<sup>7</sup> Source: UNDP Uzbekistan (undated). *Area Based Development Programme – Project Document: Results and Resources Framework*

<sup>8</sup> Commitments as at 31.12.2012 + actual disbursements/total budget allocation

<sup>9</sup> TRAC: Target from Resource Assignment from Core



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<b>Project output:</b> Regional and local institutions are strengthened to conceive and implement employment generation and poverty reduction initiatives in Karakalpakstan and Kashkadarya.		
Outputs defined	Key indicators defined	Key project activities
<u>Output 1:</u> Middle level local Government officials in Karakalpakstan and Kashkadarya are better capable of supporting local development plans.	1. Number of government officials trained in local development planning. 2. Quality and outreach of training plan. 3. Quality and outreach of regional development strategy advocacy plans.	Training needs and modules jointly identified with Academy of State and Social Construction (ASSC); Training, seminars, conferences, study tours, consultancy support, hardware and office supplies provided to Khokimiyats and regional institutions.
<u>Output 2:</u> Local communities in Karakalpakstan and Kashkadarya are better capable of taking part in and contributing to their socio-economic development.	1. Number of tools available to access information & foster community awareness of local development. 2. Number of community projects co-funded by communities. 3. Access to working basic services improved. 4. Number of community based facilities to support local priorities. 5. Number of ICT materials produced and disseminated by centres. 6. Number of resident facilitators trained in community mobilization techniques.	Communities trained in participation, mobilization and preparation of community development plans; implementation of community projects in basis services (utilities, schools, healthcare, etc); creating Mahalla Resource Centres; training for community members in project design, consulting and presentation skills.
<u>Output 3:</u> Communities have increased access to rural development services and business opportunities in Karakalpakstan, Kashkadarya region and nationwide.	1. Number of centres providing advisory services in issues relevant to the communities. 2. Number of trained extension workers. 3. Number of initiative groups organized themselves to market local produce and services. Small agriculturalists and	Training of extension workers; training initiative groups in business planning and establishing of enterprises; establishment of demonstration plots; income generating units/enterprises established.

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	<p>women are better aware of how to access finance to support increased production &amp; provide improved services.</p> <p>4. Number of demonstrations and replications on how to use new appropriate technologies.</p> <p>5. Number of credit products adapted by people with low income and women.</p> <p>6. Increased percentage of low-income women as MFI clients.</p> <p>7. % of credits provided to people with low income as proportion of MFI total business.</p>	
<p><u>Output 4:</u> Empowering communities through local volunteerism to address poverty and tuberculosis in Karakalpak region.</p>	<p>1. Number of communities using community-based TB care system and % of patients who complete TB treatment in 5 districts.</p> <p>2. Number of trainers and local volunteers trained (disaggregated by gender).</p> <p>3. Level of understanding of TB among general public.</p> <p>4. Level of satisfaction of community members with the TB care system developed by the project.</p> <p>5. Number of local health facilities rehabilitated with community involvement.</p>	<p>Design and establishment of community-based care; trainers and community volunteers trained; base-line and mid-term survey carried out.</p>

## Section 3

# Findings of the Evaluation

### 3.1 Capacity Building of Regional/Local Authorities:

UNDP utilized the services of ASSC and national consultants and experts to undertake capacity assessments of Khokimiyats in the two regions and organized training on issues of regional and district planning, MDGs, involvement of communities in development plans, principles of results-based management, development of proposals, etc. There were also exposure visits conducted for a number of district and regional officials to Europe to learn from best practices in service delivery at town and municipal levels.<sup>10</sup>

In both the regions, regional and district officials met by the evaluator expressed their satisfaction with the training they had received from UNDP supported project.<sup>11</sup> The training courses were not once-off events and most of them received follow-up training which helped them refresh the learning on an on-going basis. All the officials interviewed during the evaluation asserted that the most significant change that has come about through the various capacity building work within the ABD framework was in the way officials now listen to the communities' needs and interact with Mahalla communities in their day-to-day business. Community Development Plans (CDP) were produced and submitted to the Khokimiyats which then integrated these into district plans for the year 2012, although the plans are yet to be approved and operationalized. In several Khokimiyats, the officials are using lessons learnt in mobilizing resources from communities with which they are better able to involve and negotiate with businesses and individual for involvement in community projects. However, it needs to be noted here that while in a few individual Khokimiyats CDPs are being produced, and at least for this current year they have been integrated into the district plans, these remain far from being institutionalized. Whatever progress is being made is location-specific, and depends on individual Khokims and their deputies.

Some officials claimed that following attendance in the training courses, the quality of proposal and reports prepared by the Khokimiyat officials improved as they were able to provide in-depth analysis and systematic presentation of data, an assertion the evaluator has been unable to verify due to language barriers.

As is well articulated in the ABD project documents, the programme is designed as a 'pilot' which would generate, test and validate new approaches and ideas, and lessons from which could then be utilized for scaling up at wider level. This obviously requires continuous data-generation, documentation, analysis and reflection. The

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<sup>10</sup> Two study tours were organized for high level representatives of the regional Government of Karakalpakstan and 4 other regions. In December 2010 a 10-days study trip was conducted to Germany, where the representatives learned the regional development practices and in May 2011 a 10 - days study tour was organized in Czech Republic and Poland.

<sup>11</sup> A similar observation was also made in the 2009 ADR.

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evaluation did not find either from the documents or through the primary data-gathering process much of an evidence of this currently happening. Activities are being carried out, projects are being implemented, and in some cases micro-level (individual Khokimiyat) changes are beginning to happen; but how these are going to be used for system-wide lasting impact remains unclear. It needs to be noted here that UNDP in Uzbekistan has done this before – scaled up lessons from best practices to influence policy at national level. Its support to microfinance institutions (MFI) in Kashkadarya and Karakalpakstan from the late-1990s generated several important lessons and best practices which were instrumental in enabling the Government of Uzbekistan (GoUz) to develop national policies and regulatory framework for MFIs in the country.

### **Conclusions:**

- There are some good examples of initiatives to strengthening capacity of district officials, and these will require further reinforcement to bring about lasting system-wide changes.
- The activities were carried out according to the project document. However the indicators as defined in the project design did not adequately reflect the end result in terms of lasting changes that completion of the activities would bring about. While the “Number of government officials trained in local development planning” or “Quality and outreach of regional development strategy advocacy plans” are relevant, these by themselves would not necessarily lead to changes in performance or delivery by the officials unless a performance standard is institutionalised by the Government.

### **Recommendations:**

- R1: With increasing emphasis being laid by the government on role of communities and community-based organizations (CBOs) in decentralized system of governance, experiences and results from the CDPs need to be systematically documented, analyzed and data generated thereof needs to inform dialogue with GoUz and donors regarding mainstreaming participatory processes in development planning and implementation.
- R2: In future, UNDP needs to clearly define and distinguish between indicators of outputs and higher-level indicators of lasting changes and end results expected from the ABD programme in the Results & Resources Framework.

## **3.2 Community Participation and Access to Services:**

Community members were given training in participation, needs identification, project planning and proposal development, community resource mobilization and

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budgeting. Over the past three years, about 13,000 community members<sup>12</sup> have gone through these training events in the two regions.

In Karakalpakstan region, 56 community projects<sup>13</sup> were implemented with participation of communities, at a total cost of Uz.soume 1.26 billion.<sup>14</sup> In Kashkadarya, 67 community projects were implemented since 2008 at a total cost of Uz.soume 2.26 billion. The projects were identified by communities and Khokimiyats, and were designed to meet needs in basic services for the communities in the areas of utilities (gas, electrification, water supply) and social infrastructures (repairs of school, health centres, kindergarten etc).

An important element of implementation of all projects was the significant contribution to the cost made by communities themselves. Nearly 36 per cent of the costs (Uz.soume 454 million) in Karakalpakstan were borne by communities through contribution of free labour as well as cash in some cases. In Kashkadarya, nearly 58 per cent of the costs were borne by the community while the ABD funded the rest 42 per cent (Uz.soume 929 million).

In all the community projects visited during the evaluation, communities have put in place mechanisms for levying charges or user fees to cover cost of operations of the infrastructures and their repairs and maintenance. This has fostered a sense of ownership and responsibility within the community. FGDs with some of the communities revealed that the biggest change the implementation of the projects have brought about in the community is, besides creating these much-needed basic infrastructure, the sense of working together and trust among members of the community. Social relationship being conventionally vertically-oriented in the country, these projects gave community members an opportunity to build lateral relationships as equal members of the community working towards something they collectively owned.

These have also helped communities gain confidence in negotiating with the local authorities. Some of the officials commented that these days when community leaders came to them with any request, they usually brought a well thought-out proposal, unlike in the past when they would simply come up with a demand which the Khokimiyat officials did not know how to respond to.

In some districts, Mahalla resource centres were created (5 such centres were created earlier during the phase I of the ABD project and ELS) to assist communities in their planning by providing relevant information, tools and training from time to time in planning and supporting improved service delivery. The current ABD project reinforced these centres and helped them further expand their capacity. In these centres, the community development approaches introduced by the project are codified and further applied for mobilizing citizens, introducing participatory planning

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<sup>12</sup>UNDP (undated). Output indicators and updated data

<sup>13</sup>UNDP Karakalpakstan (undated). *Description of the selected and upcoming community projects, sectors and budgets in the Republic of Karakalpakstan*

<sup>14</sup> US\$1=Uz soum 1,800

and decision making procedures, and building up local management capacities.<sup>15</sup> The centres, run by Mahalla paid personnel, help youth, women and local communities to play a fuller role in the local development process, for example by providing training and addressing skill development needs. Training includes income generation and provision of business services, social partnerships and fundraising, and gender equity.

A few observations the evaluator made on the community participation processes including implementation of the projects was that by and large these have involved men predominantly, and in a few odd cases, a limited number of women appear to have been involved. Of the thirty plus projects visited by the evaluator, in only 5-6 projects there were a few women in the groups taking an active role. This is not to suggest that women have not benefited from the activities; they surely have, as access to basic services and utilities are common need of both women and men. However, to what extent women have been empowered in this strongly male-dominated society to take lead roles in community work or articulate their needs remains unclear. If anything, the implementation of projects may have further reinforced existing gender relations in society.

Another issue that ought to be raised here is the basis of selection of the communities and villages for these communal projects. ABD has outlined several criteria for their selection which include vulnerability, severity of need and ability of the communities to contribute a part of their own resources for the projects, besides other requirements. The selection is made by Khokimiyats based on these criteria and the former's knowledge of the area. Khokimiyat officials asserted that they knew which villages/communities were in dire need as many of them have been knocking on their doors asking for help for a long time. This, combined with the fact that almost all the villages/communities visited by the evaluator were 'roadside villages', raises question as to whether the project is not leaving out some of the remote villages which may not have had the opportunity to articulate their needs to the Khokimiyats. Although this evaluation could not emphatically answer this question, for future programmes, there is a case for UNDP to undertake in-depth analysis of socio-economic structures at community level and ensure that staff understand the local power dynamics and vulnerability factors which often affect inclusion- or exclusion-bias in development programmes. A simplistic analysis based on Khokimiyat's perceptions of poverty and vulnerability may not always provide the best answer.

### **Conclusion:**

- Good progress has been made in terms of facilitating community participation and community-owned initiatives in the project area. This has begun the process of forming new social capital and relationships based on trust within the communities. However, as social capital formation is a long-term process, whether or not the limited, but significant, progress made so far will become stronger or simply wither away will depend on

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<sup>15</sup> It is expected that the centres will become change agents in redefining local responsibilities between state and society, demonstrating the potential for additional resource mobilization and limiting excessive expectations from the state.

continuation of the facilitatory process that ABD has initiated. If these few successes in community participation processes are to be replicated, these need further strengthening and systematic documentation of the change process the communities have gone through.

**Recommendations:**

- R3: UNDP needs to commission a local researcher /consultant with experience in participation and community development to document the processes and outcomes of community projects under the ABD programme.
- R4: For future programmes, UNDP needs to undertake in-depth analysis of socio-economic structures at community level and ensure that staff understand the local power dynamics and vulnerability factors which often affect inclusion- or exclusion-bias in development programmes.

### 3.3 Economic Opportunities and Business Development Services:

Through this component of the ABD programme, UNDP focused on promoting livelihood solutions for rural households and small farmers by providing access to capital, markets, means of production, knowledge and support/advisory services. A wide range of income-generating activities aimed at creating on-farm and off-farm employment were supported under this programme:

- Sewing and tailoring
- Fruit drying
- Macaroni production
- Broiler poultry and egg production
- Pig rearing
- Off-season fruit and vegetable production using greenhouses
- Computer education classes.

Grants were made to individuals based on viability of business plans produced after a thorough vetting process involving local authorities, representatives from Mahalla Fund, Chamber of Commerce, and where relevant, representatives from Ministry of Agriculture, Farmers' Association, and ABD-ELS project representative. The selection of business plans started with formation of initiative groups who were then asked to make a presentation of their business activity in a workshop. Following this, initiative groups were trained by ABD-ELS projects on business planning, marketing and financial management. Later they were asked to prepare draft business plans which were assessed by ABD staff. Only those shortlisted were then asked to submit final business plans which were evaluated by the selection committee. Average size of grant typically was about US\$ 4,200<sup>16</sup> per enterprise. Most of the enterprises

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<sup>16</sup>UNDP (2011). Criteria Assessment of Enterprises established under ABD Programme

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started during 2011 and those visited by the evaluator now employ typically between 3-6 other workers on a full-time basis.

A significant achievement has been the creation of business centres (advisory services) in the Khokimiyats. These are one-stop shops which bring together all relevant government departments (tax authorities, bankers, business registration departments, technical advisors in field of agriculture, livestock, etc) under one roof to provide efficient services to business initiators and investors. Some of the business centres (Kitab and Sahrisabz districts in Kashkadarya) are also providing computer and language training to interested business people for a fee. All the business centres visited in both Karakalpakstan and Kashkadarya are close to becoming self-sustaining as they charge a fee for their services. The offices appear to be buzzing with activities, indicating good demands being made on their services by clients.

Going by anecdotal evidence, the business centre model appears to have been a success and has the potential of being scaled up nationwide. However this will require better documentation of the process, costs and benefits from the few pilot initiatives with which UNDP can advocate at the federal level for institutionalizing this mechanism.

Apart from small business enterprises, ABD helped set up demonstration plots on farmers' field to demonstrate improved seeds and farming practices, soil and water management as well as hotbeds for vegetable seedling production. Green houses were established for demonstrating methods of producing off-season vegetables.

In terms of selection of beneficiaries, generally the criteria of capacity and ability of potential entrepreneurs to make an activity successful and viable have been emphasized, and to this end, the beneficiaries have been predominantly those who have had prior experience of running such activities in their chosen area. While this has been an important factor in feasibility and viability of the enterprises/activities, the relatively better-off sections of the community have generally been the direct beneficiaries. In several communities, the community leaders or those who were the leaders of initiative groups for social/infrastructure projects were also direct beneficiaries of activities like demonstration plots, greenhouses, etc. It has been argued that once the activities are successful, these will create employment for others, and this has already happened in most of the enterprises visited during the evaluation. Employment creation has taken place; however it remains unclear how the employees were selected and whether or not they came from vulnerable sections or are members of the entrepreneur's family. To what extent the activities have taken on board equity issues in selection of beneficiaries is unclear.

### **Floriculture demonstration project, Shahrissabz district, Kashkadarya**

Ochilob Abduahad, in his mid-sixties, has been involved in flower production and selling for over thirty years. He has his own green house as well as hotbeds for producing seedlings, and every season grows over 200 varieties of flowers and cacti which are in high demand in local market.



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To use his expertise and demonstrate to other farmers the possibilities in flower production in marketing, ABD supported Achilob with another greenhouse on his plot with a grant of Uz.soume 3.3 million out of a total cost of Uz.soume 4.8 million. ABD organized exposure visit of farmers from other villages to Ochilob's farm.

In Karakalpakstan, dozens of household broiler poultry farming activities were supported by ABD during 2011. Each household was given 100 inoculated chicks and necessary feed for rearing the birds in October, and the chicken were sold after two months. Discussions with communities indicated that they may have all made a small profit on this in the first season. However, given that in the subsequent seasons the farmers will need to pay for all the costs themselves including inputs as well as bear the marketing costs, sustaining the project benefits will depend on farmers' access to capital (for inputs) as well as their ability to develop market linkages. At present, the assumption is that whatever is produced will be consumed locally as there is a shortage of chicken supply in the area. This may be true; however, if dozens of farmers start producing poultry and all of them are targeting the local market, market dynamics may affect prices of inputs as well as outputs, something that requires systematic study in the coming seasons. It needs to be borne in mind that broiler poultry production<sup>17</sup> is always fraught with risks, and experience worldwide has shown that the viability and sustainability of very small-scale production (as in the project area) has usually been uncertain.<sup>18</sup> Successful poultry production requires the possibility of farmers obtaining loans for further investments and improvements in production,<sup>19</sup> and it is unclear at this time whether or not ABD beneficiary-farmers will have adequate access to such loans in future.

UNDP also supported two national microfinance organizations with capital to provide small loans to small farmers and entrepreneurs based on solidarity group methodology. In Kashkadarya, UNDP-supported microfinance activities (through Business Women's Association and Microcreditbank) focusing exclusively on cattle breeding and grape production, while in Karakalpakstan, besides farming activities, it supported small businesses as well. In Kashkadarya, 63 farmers have been provided credit through UNDP capital since 2008 with a total capitalization of Uz.soume 71 million for these farmers. Discussions with field staff of two MFIs indicate that microfinance continues to operate at high levels of efficiency in terms of lending, liquidity management and repayments, in line with some of the best of such institutions in the world. However, the evaluation has been unable to assess the socio-economic profile of microfinance beneficiaries and the economic impact of the loans as no systematic report on these was available for the evaluator to see.

Audit report on one MFI indicates that financial reporting is not fully transparent and systematic which would enable one to get a clear picture of the situation.<sup>20</sup> The audit

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<sup>17</sup>As opposed to village poultry production which involve rearing free-range locally-bred birds that obtain most of their diet from scavenging for food and water around the home (including household wastes) and village.

<sup>18</sup>K. A. Akanni (2007). *Effect of micro-finance on small scale poultry business in South Western Nigeria*

<sup>19</sup>J.C. RIISE, A. PERMIN and K.N. KRYGER (2005). *Strategies for developing family poultry production at village level – Experiences from West Africa and Asia*. World Poultry Science Journal

<sup>20</sup>Ravshan Asfandiyarov (2011). *Audit Report*, January 1-June 30, 2011

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report noted that as the disposable funds in target districts were not on demand, for effective use of the funds provided by UNDP under ABD project, part of these funds were made available as micro-loans in other rural areas not indicated in the Cooperation Agreement with UNDP. Monthly interest was increased up to 6.5% against established 3%.

### **Conclusions:**

- The business centre model has been a success and is already becoming self-sustaining in several locations, indicating potential for its replicability in other locations.
- The income generating/livelihood grants made under the ABD programme have generally been successful in terms of creating small productive enterprises which have potential to create employment in the communities. However better analysis of issues of equity, vulnerability and sustainability in the communities will be required for these to make meaningful impact on poverty issues and MDG.

### **Recommendations:**

- R5: The business centre model developed as pilot initiatives has proven to be an effective and sustainable tool to promote grassroots economic growth and development through promoting local businesses, and lessons from these need to be captured for UNDP to be able to advocate for institutionalization of this.
- R6: UNDP needs to ensure that its programme staff are better trained in socio-economic analysis and integrating gender and equity considerations in planning and design of livelihoods interventions in future.
- R7: UNDP needs to conduct an impact study of microfinance activities and their wider impact as retail financial service provider for the poor.

## **3.4 The TB Project:**

The overall objective of the project funded by UNDP and United Nations Volunteer (UNV) is to train community volunteers and to enhance their capacities to reduce prevalence of tuberculosis (TB) and address poverty in five districts. In collaboration with UNDP ABD programme, the Mahalla Foundation, national and local authorities, local civil society, and the indigenous volunteer group, the project aims to draw upon and develop volunteer and civic engagement of local communities to fight TB and poverty in five districts of Karakalpakstan, to facilitate improved communication between people and local authorities, and to enhance the sense of responsibility that local people can and should play in the efforts to improve their health and wealth. The expected outcome of the project is to improve poor and vulnerable people's access to quality community-based health services and create new sources of income.

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The project has trained 29 community volunteer trainers and 3,000 community volunteers, of whom about 1,800 are women.<sup>21</sup> Anecdotal evidences suggest that the community volunteers have been able to create awareness within the communities in the target districts about early treatment of TB. Health centres and TB hospital visited by the evaluator reported an increase in attendance in the clinics for diagnosis and treatment of TB, although no data to this effect was made available. A survey carried out before the commencement of the project noted that knowledge on TB, how to diagnose TB, treat it and prevent its spread, was poor even among the population including the ex-TB patients. In general TB was perceived as a dangerous infectious disease causing a high burden on the communities and especially hitting the poorest people.<sup>22</sup> Another survey was conducted in 2010 after eighteen months from the commencement of the project, and this noted that there is now local knowledge n the signs and symptoms of TB.<sup>23</sup>

The community volunteers met during the evaluation were actively trying to link patients in the communities with the clinics and DOTS centres in the districts. However, as the volunteers are not structurally part of the formal health structure, sometimes the government health workers (doctors and nurses) were reluctant to engage with the former. This remains a bottleneck in the entire system as unless there is some recognition within the government's health system that volunteers can be used for awareness and community mobilization work, utilization of the volunteers' services will depend on individual negotiations between the health staff and volunteers in a community. Even within the UNDP programme, integration of community volunteers in other components of the ABD programme remain weak – the volunteers who comprise a huge resource in terms of their understanding of the socio-economic condition of the communities were not involved in preparation of community development plans, for instance.

Besides the training and development of community volunteer cadres, the project has also supported rehabilitation of seven health centres and provided necessary equipment to primary health centres (PHC). In addition, the project has also helped number of TB patients in accessing support for establishing income generating enterprises to sustain their livelihoods.

### **Conclusion:**

- Anecdotal evidences indicate that the project has created an awareness in the communities about early diagnosis and treamnemtns of TB, as well as helped reduce the stigma attached to the disease. However, formal reports and data as outlined in the indicators in the project document were not available for the evaluator to examine.

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<sup>21</sup>UNDP Uzbekistan (undated). Output indicators and updated data.

<sup>22</sup>Els Duysburgh (2006). *Community Contribution to TB Care Perception and Consequences of Tuberculosis: A qualitative Research in 11 Communities in Karakalpakstan, Uzbekistan*

<sup>23</sup>UNDP (undated). Local Knowledge and Perception on Tuberculosis: An Exploratory Research, powerpoint presentation.

**Recommendation:**

R8: If the project is to be continued into the future, systematic data on the project's performance and impact need to be gathered, analyzed and used for discussion with relevant health authorities to explore mechanisms for ensuring recognition of the community volunteers as part of the healthcare system.

## Section 4

# Assessment Against OECD/DAC Criteria for Evaluation

### 4.1 Effectiveness:

*Questions/Issues examined:* (i) Evaluate the effectiveness of the ABD programme in terms of improved public services delivery to improve economic well-being of vulnerable groups (UNDAF outcome 1). (ii) Assess the effectiveness of the TB project, including a qualitative assessment of the potential effect of the TB project on the national target: reverse the spread of tuberculosis. (iii) Evaluate the effectiveness of the community mobilization, volunteerism, and development planning on the economic productivity of the target communities and the economic well-being of community residents. (iv) Assess the quality of the processes of participation in local governance in target communities and the effectiveness of the ABD programme and TB project interventions on the development of community institutions.

Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.

The activities under the ABD programme in social infrastructure have particularly targeted some of the communities who did not have adequate access to public services like gas, electricity and water supply, as well as health and education infrastructure. The activities have been implemented in a way that does give ownership to the community members, and this is likely to make the outcome sustainable in the long run.

UNDAF Outcome 1: Economic well-being of vulnerable groups is improved (residents of economically underdeveloped, mainly rural areas; women, particularly home-based workers; labour migrants and their families; children, particularly most-at-risk adolescents; the elderly; HIV-positive people; and people with disabilities).

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The income generating activities and microcredit promoted through the ABD have by and large created viable enterprises which are now providing gainful employment to people engaged in each activity. However, there is now a dearth of information and data on the socio-economic profile of beneficiaries for the evaluation to comment sufficiently on the extent to which the activities have contributed to UNDAF outcome 1 of improving the economic well-being of vulnerable groups, including women, elderly, HIV-positive people and people with disabilities. In the 15 business enterprises/income generating activities visited during the evaluation, the evaluator did not meet or hear about any HIV-positive or disabled people being beneficiaries of these activities.

In terms of community participation, as discussed in section 3.2, good progress has been made in terms of facilitating community participation and community-owned initiatives the project area. These have begun the process of forming new social capital and relationships based on trust within the communities. Furthermore, as social capital formation is a long-term process, whether or not the limited, but significant, progress made so far will become stronger or simply wither away will depend on continuation of the facilitatory process that ABD has initiated.

The involvement of communities in CDPs which are now linking the communities with district planning process need institutional mandate from the Government if current interest in these are to be sustained. Without this, effectiveness of CDPs will remain uncertain. A similar comment can be made about the community volunteers trained through the TB project. The utilization of volunteer capacity and their effectiveness will remain stymied by lack of institutional recognition of their role to complement regular health services.

If these few successes in community participation processes are to be replicated, these need further strengthening and systematic documentation of the change process the communities have gone through.

The effect of TB project on the national target of reversing the spread of tuberculosis could not be assessed by the evaluation because of lack of data. However, anecdotal evidences from communities and district authorities indicate that the project has had an impact in increasing early diagnosis and treatment of TB being availed by communities.

Overall, the evaluation noted that while laying emphasis on output indicators at the level of activities (number of training conducted or number of ICT materials produced, number of health facilities rehabilitated, etc) for which good amount of data exist, documentation and reporting on outcomes remains a challenge.

### **4.2 Efficiency:**

**Questions/Issues examined:** (i) Evaluate efficiency in the use of ABD/TB programme resources and how far these have contributed to or hindered the achievement of programme's results and CPAP's outcomes. (ii) Appraise the synergies between the ABD and TB interventions and other interventions and partners in the target areas by looking specifically at how resources have been leveraged towards

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the attainment of the relevant MDG 1 and MDG 6 targets.(iii) To assess and comment on the linkage and contributions of the ABD in general and the Tuberculosis project in particular on the UNDAF and CPAP outcomes which are underpinned by millennium development goals (MDGs).

Efficiency measures how economically inputs (funds, expertise, time) have been converted into outputs.

Going by the conventional measure of management & overheads to total programme ratio, the figure for the ABD project (based on consolidated financial data for three years) was 33%, and for the TB project the corresponding figure was 22.4%. On the face of it, these figures appear to be high. However, for a programme with a strong emphasis on capacity development of institutions as well as focus on promoting business development through grants which require intensive staff time for design, quality control and monitoring, such apparently high ratios are not uncommon. One needs to also take into account the fact that the programme activities are dispersed over a large area covering several districts in each region; this further increases the cost of monitoring and support provided by the programme staff.

**Table 3: Financial Data on ABD – Management overheads vs. total programme expenses (US \$)**

Programme components	Direct programme expenses (a)	Management and overheads (b)	Total (a+b)
Component 1	237,288.36	19,807.76	257,096.12
Component 2	1,286,095.12	6,930.60	1,293,025.72
Component 3	466,003.43	6,092.83	472,096.26
Component 3	95,324.04	1,002,105.44	1,097,429.48
Total	2,084,710.95	1,034,936.63	3,119,647.58
<i>Management/overheads to total programme ratio:</i>			33%

In a programme like this, a more pertinent point than mere management/overheads ratio is whether or not the programme provides value for money. In other words, has the programme generated results that can justify the investment? As has been discussed in preceding sections, the programme has delivered significant results for communities in terms of access to basic services, communities' engagement with local authorities, and access to livelihoods for beneficiaries of income-generating activities and microcredit, although precise quantification of these results do not exist at present.

The ABD programme is designed to contribute to UNDP's CPAP outcome of halving absolute poverty and hunger (MDG 1 targets) by 2015. The CPAP lays strong emphasis on national capacity development which has been the basis of component 1 of the ABD programme. The CPAP also stresses the importance of strengthening internal linkages between UNDP programmes to foster a synergistic approach in all aspects of its programme governance, whereby policy papers are developed, discussed and fed directly by implementation experience in the field. The ABD programme remains weak on this aspect of CPAP outcome as the primary emphasis

so far has been on delivering the activities, and not enough attention has been paid to distilling knowledge and lessons that could be taken forward for policy dialogue at regional or national level. Even within the ABD programme, the linkage between components 1-3 and component 4 (TB project) remain tenuous.

**Relevant CPAP outcomes the ABD programme contributes to:**

Outcome 1.1: "Capacity of the central and local authorities enhanced to develop and implement economic and social security policies aimed at welfare improvement of vulnerable groups".

Outcome 1.2: "Increased employment opportunities and economic security for vulnerable groups".

Outcome 3.2: "Strengthened public administration at all levels that exercises efficient, accountable and inclusive governance".

Within the United Nations system, the component 4 of the ABD programme works closely with the UNV, but that apart, there is no evidence of joint programming work with other UN agencies like the WHO and UNICEF in particular who have a strong emphasis on national capacity development for MDG-related goals. It is understood that the European Commission and Gesellschaft für Technische Zusammenarbeit (GTZ) have also been supporting on-going capacity development work in the country, and leveraging these would be relevant for building synergies in the programme in future.

**Conclusion:**

- The design of the ABD programme is premised on testing and developing models which address deep-rooted problems of under-capacity and under-development. While a good start has been made in initiating new approaches at regional and district levels, these need further consolidation and systematization if the models are to be scaled up at wider level to address MDG goals.

**Recommendation:**

R9: In order to build on the work carried out so far, UNDP needs to consolidate its work in the same geographical areas, and not spread itself too thinly and too quickly. Towards this end, it needs to ensure that ABD programme has linkages with other programmes of UNDP as well as other relevant agencies.

## 4.3 Sustainability:

**Questions/Issues addressed:** (i) To what extent are the activities and outcomes of ABD programme sustainable? (ii) Explore evidence of replication of the ABD pilot activities and investigate the possible instruments for 'scaling-up' the pilot interventions into national sector policies.

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

At the level of activities and outputs, several initiatives have already produced results that are likely to be sustained beyond the project duration. The business centre model is already proving to be sustainable tool to promote grassroots economic growth and development by promoting local businesses, as these are already generating own revenues through meeting client demands. The drinking water and irrigation projects implemented through the ABD have introduced user fees which are already being managed by communities themselves. The income generating units and enterprises created under the programme are generating surpluses large enough to sustain themselves and provide livelihoods to those engaged in these.

The CDPs have created a modicum of participation and trust within and between communities and Khokimiyat officials, and in some of the districts, the CDPs are finding their way into district plans.

**Conclusion:**

- In terms of potential for replication, all the successes achieved under the programme have good potential for scaling up nationally in a systematic manner. However, this is unlikely to happen simply on the basis of a few successes in pilot project unless a fairly robust evidence-based data is built up from these successes and taken forward for policy dialogue with government at appropriate levels.

**Recommendation:**

R10: If the ABD programme is to be continued in future, UNDP ought to ensure that it puts in place adequate staff capacity for data-gathering, analysis and development of knowledge base from the micro-projects and for policy development and dialogue. To this end, UNDP needs to recruit a policy and practice expert to work with ABD teams on the ground.

## Section 5

# Key Lessons and Recommendations

The main achievement of ABD programme has been in generating, testing and developing models which address deep-rooted problems of under-capacity and under-development at community and grassroots institutional level. While a good start has been made in initiating new approaches at regional and district levels, these



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need further consolidation and systematization if the models are to be scaled up at wider level to address MDG goals in the country.

ABD has demonstrated new approaches to facilitating community participation and community-owned initiatives in the project area which have begun the process of forming new social capital and relationships based on trust within the communities. As social capital formation is a long-term process, these need further strengthening and systematic documentation of the change process the communities have gone through.

The successes achieved under the programme have good potential for scaling up nationally in a systematic manner. However, this is unlikely to happen simply on the basis of a few successes in pilot project unless a fairly robust evidence-based data is built up from these successes and taken forward for policy dialogue with government at appropriate levels. At present, UNDP has been seen to be weak in this area, especially with regard to the ABD programme.

Going into the future, UNDP needs to consolidate its work in the same districts and with the same communities. While doing so, UNDP needs to ensure that it has adequate staff capacity to take forward the work to the next level where deeper analysis, knowledge-generation and evidence-based advocacy will be crucial in order to sustain and scale up the work.

### **Recommendations:**

#### **Strategic**

- R1: With increasing emphasis being laid by the government on role of communities and community-based organizations (CBOs) in decentralized system of governance, experiences and results from the CDPs need to be systematically documented, analyzed and data generated thereof needs to inform dialogue with GoUz and donors regarding mainstreaming participatory processes in development planning and implementation.
- R8: If the project is to be continued into the future, systematic data on the project's performance and impact need to be gathered, analyzed and used for discussion with relevant health authorities to explore mechanisms for ensuring recognition of the community volunteers as part of the healthcare system.

#### **Programme management**

- R2: In future, UNDP needs to clearly define and distinguish between indicators of outputs and higher-level indicators of lasting changes and end results expected from the ABD programme in the Results & Resources Framework.
- R3: UNDP needs to commission a local researcher /consultant with experience in participation and community development to document the processes and outcomes of community projects under the ABD programme.

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- R5: The business centre model developed as pilot initiatives has proven to be an effective and sustainable tool to promote grassroots economic growth and development through promoting local businesses, and lessons from these need to be captured for UNDP to be able to advocate for institutionalization of this.
- R7: UNDP needs to conduct an impact study of microfinance activities and their wider impact as retail financial service provider for the poor.

### **Staff capacity**

- R4: For future programmes, UNDP needs to undertake in-depth analysis of socio-economic structures at community level and ensure that staff understand the local power dynamics and vulnerability factors which often affect inclusion- or exclusion-bias in development programmes.
- R6: UNDP needs to ensure that its programme staffers are better trained in socio-economic analysis and integrating gender and equity considerations in planning and design of livelihoods interventions in future.

### **Future ABD programme**

- R9: In order to build on the work carried out so far, UNDP needs to consolidate its work in the same geographical areas, and not spread itself too thinly and too quickly. Towards this end, it needs to ensure that ABD programme has linkages with other programmes of UNDP as well as other relevant agencies.
- R10: If the ABD programme is to be continued in future, UNDP ought to ensure that it puts in place adequate staff capacity for data-gathering, analysis and development of knowledge base from the micro-projects and for policy development and dialogue. To this end, UNDP needs to recruit a policy and practice expert to work with ABD teams on the ground.