

**Uzbekistan**  
**External Review of SDC's Rural Water Supply and Sanitation Program**  
**Phases I – IV (2007- 2018), with Emphasis on Phase IV (2013 -2018)**

27 November – 5 December 2017



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31 January 2018

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## Abbreviations and Acronyms

ADB	Asian Development Bank
DRR	Disaster Risk Reduction
DWO	Drinking Water Organization
HH	Household
ISW	International Secretariat for Water, Canada
IWRM	Integrated Water Resources Management
lcd	liter per capita per day
<i>Mahallah</i>	Commune
MHMS	Ministry of Housing and Communal Services
O&M	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
RWS	Rural Water Supply
RWSS	Rural Water Supply and Sanitation
SCO	Swiss Cooperation Office, Tashkent
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SECO	State Secretariat for Economic Affairs
SMT	Social Mobilization Team
TB	Tuberculosis
TORs	Terms of Reference
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WASH	Water Supply Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WSS	Water Supply and Sanitation
WW	Wastewater

<b>Currencies – Exchange Rates (10.12.2017)</b>	
US\$ 1	Uzbek Sum (UZS) 8,100
CHF 1	UZS 8,350
€ 1	UZS 9,550

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## 1. Executive Summary

In Central Asia, the rural water supply and sanitation (RWSS) situation has increasingly become a health calamity after the collapse of the Soviet Union. Operation and Maintenance (O&M) and rehabilitation of old (soviet) systems is largely lacking. Government capacity, financial and physical, has been insufficient to catch up with this lacuna. This has a negative impact on water-borne diseases, predominantly diarrhea and Hepatitis A. Most affected are women, children and the elderly.

Swiss interventions in the sector started in 1998 with Humanitarian Aid, which in 2003 the Swiss Agency for Development and Cooperation (SDC) converted into a long-term RWSS program, starting with a four-year Phase I (2003-2007), followed by three more phases; the latest, Phase IV (2013 – 2018) is also the Exit Phase. SDC contracted the International Secretariat for Water (ISW), Canada, to implement the program. Activities first started in the Ferghana and Andijan provinces and expanded in Phase IV to Syrdarya Province.

Phases I – IV (2003 – 2018) are expected to provide 153,000 people in 40 villages with drinking water and knowledge of hygienic and sanitary behavior. Schools and health centers were also provided with water. The systems are managed by 31 Drinking Water Organizations (DWOs). Physical sanitation installations were not foreseen in the SDC Project Documents - ProDocs, other than in Phase IV for two school toilets (1 ECOSAN and 1 pour-flush toilet), as well as the renewal of an improved hospital outdoor toilet (latrine) and a simple wastewater (WW) treatment and disposal system for a tuberculosis hospital.

The cost of the 15-year program amounts to about US\$ 12.6 million, divided about half-half into physical infrastructure and technical assistance – TA (system design, training, coaching, tariff structure, promoting gender equality, designing hygiene / health program, establishing Drinking Water Organizations – DWO – and more). The budget of Phase IV is of US\$ 6,150,000 – CHF 5.76 million equivalent. On 5 September 2017 the government devalued the Uzbek currency, the Sum (UZS), by 100%, thus, increasing the local funds available for completing Phase IV.

The program phases include three major fields of activities:

- (i) **At village level:** infrastructure development, capacity building of Drinking Water Organizations (DWOs), and hygiene promotion in order to enhance the effectiveness and impact of the intervention;
- (ii) **At regional level:** identification and strengthening of a mechanism that will allow the replication of the project approach beyond the lifetime of the project; and
- (iii) **At national level:** lobbying in the water supply sector to provide enabling legislation and a regulatory environment, allowing for the recognition and replication of the project approach countrywide, and to obtain buy-in and support from other financing agencies, wherever possible.

An External Review of the SDC program 2003 – 2018, with emphasis on Phase IV (Exit Phase) was carried out from 27 November to 5 December 2017 by an international and local consultant respectively, Peter Koenig, economist – water resources and environment, team leader; and Nodira Azimov, sociologist – gender and governance.

The **Review's Conclusions and Recommendations** are summarized as follows:

### Conclusions

**Water Supply** – The four-phase program is generally well implemented. The population is happy, as livelihoods and health have improved, with statistics indicating a significant reduction in diarrheal diseases and Hepatitis A. House or yard connections were installed under Phases III and IV and street stand-posts under Phases I and II. The latter may be converted to house or yard connections at a later stage to further reduce contamination risks and increase living standards.

DWOs are united in an informal association which is planned to be formalized. As such, it will promote solidarity among DWOs, interaction as well as exchange of experience and TA. The project has also addressed gender issues, notably the gender balance within the DWOs. In a traditional male-dominated society, progress was slow but gradually a gender balance was achieved under Phases III and IV, meaning the DWO management teams are about half-half, women and men.

*Tariffs* were as of Phase I structured for full cost-recovery. Tariff collection rates in Phase III and IV projects are excellent with close to 100%. In Phase I and II projects they are at about 70%. Follow-up and retraining of the DWOs is needed.

*Ownership of RWS assets* is as of yet unclear. At present all 40 RWS systems built – or still to be built under the project – are on the books of SDC / SCO. Article 306 of the new Ministry of Housing and Communal Services Regulations refers only to ownership of urban water systems, but does not touch RWS investments. Options for transferring the assets are limited to Vodocanals, urban water utilities, district municipalities; or directly to the villages (*Mahallahs*), whose people are being served by the system. The latter is the preferred option, as the system is owned by the people, and ownership enhances willingness to pay for the services.

**Sanitation** – consists mostly of hygiene education and training which was carried out successfully through the PHAST program (Participatory Hygiene and Sanitation Transformation). Physical installations are almost entirely absent throughout the four project phases, as they were not foreseen in the Project Documents. Under Phase IV exceptions – still to be built – are two school toilets (Ecosan and pour-flush), as well as one simple WW evacuation and treatment system for a Tuberculosis hospital.

*Household “toilets”* – training for pit latrines to be sanitized was not foreseen under the project. It is all the more important to point out that in most cases they are beyond any sanitary / health standards. They are usually dirty, smelly, infectious, and without handwashing facilities (water and soap). Typically, latrines consist of just a hole in the ground, sometimes (rarely) with a cemented lining, but open at bottom, posing a high risk of fecal matter infiltration into shallow groundwater.

*School “toilets”* – consist of grouped pit latrines. Again, school toilets were not foreseen in the ProDocs for Phase IV, or under any previous phases, save for a couple of ‘pilot’ Ecosan (1) and pour flush (1) toilets, still to be built under Phase IV. Current conditions of school latrines constitute a considerable health hazard, mainly for diarrhea and Hepatitis A. Typical school toilets are dirty and do not meet health standards. In most cases they have no handwashing facilities. These toilets are again pits in the ground with high risks of contaminating groundwater. All school toilets are at a distance from the school, in one case about 300 m, making it difficult for children, especially girls, and in the sub-freezing temperature winters, to go to the toilet – which in itself is a health hazard (see Annex 5).

## Recommendations

### General

**Program continuation** – it appears that SDC has decided that there will be no continuation of the program to complete the unfinished tasks, to provide technical assistance for the villages and villagers to build hygienic household and school toilets, as well as consolidating and strengthening DWOs, the formalization of a DWO Association, monitoring and evaluation, especially of earlier systems built (Phases I and II to improve tariff collection. Instead, SDC / SCO count on the World Bank, UNDP, EU, to take over, complete and up-scale the work SDC/ SCO / ISW have carried out during the last 15 years. In fact, these and other donors, as well as the central government, notably the new Ministry of Housing and Communal Services, have already expressed interest to use the model developed under the four SDC / SCO

program phases. The World Bank considers complementing the RWSS sites with appropriate sanitation infrastructure facilities.

**Cooperation with the World Bank and ADB** – The interest expressed by the World Bank and the Asian Development Bank (ADB) in collaborating with SDC / SCO / ISW in Ferghana and Andijan in water supply and sanitation, needs to be followed up and precise cooperation arrangements worked out in the remaining months of Phase IV.

**SDC Regional funding for a Regional Project** – Uzbekistan, Tajikistan and Kyrgyzstan are weak in sanitation. A regional project, for which SDC funding may be available, could work on resolving the sanitation issues in these countries. Such a project may be “stand-alone” or in possible cooperation with the WB and / or the ADB.

**Key priorities to be considered under complementary financing from other donors (see above) and the government.**

**Water Supply** – mainly TA activities, notably, but not exclusively, returning to Phase I and II villages, promoting house connections, monitoring and training DWOs, especially in measuring and analyzing existing data, enhancing tariff collection – work on the gender balance within DWOs and help formalize the DWO Association.

**Sanitation** – provide all schools of the project area (Phases I to IV) and health centers with safe sanitation installations – *indoors or attached* to the school / health centers. Promote household toilets and help with TA and possibly some building materials (i.e. cement or slabs), indoors or attached to the living quarters and help with the design of appropriate wastewater disposal systems – individual septic tanks (2 chambers); small-bore sewers with collective septic systems, and other options that may be suitable from the Sanitation Compendium.

**Health and Hygiene Education** – Continue with the PHAST teaching method, closely monitoring the results – also in school classes and collect comprehensive disease statistics (trend indicators) in all of the 4-phase project area.

**Disaster Risk Reduction (DRR)** – flood prevention, earthquake / tremor, landslide protection are currently built-in as simple design logic. There should be a more systematic approach to DRR according to location. Also introduce a social DRR component – informing and training village people about emergency behavior.

**Ownership of rural water supply (and sanitation) systems** – Phase IV, the Exit Phase, is slated to terminate at the end of June 2018. Within the remaining months, SCO / ISW may want to seek an addendum to article 306 covering RWSS. The preferred ownership option is the commune (Mahallah), establishing a management contract with the DWO.

**Policy Dialogue** – continue and strengthen the Policy Dialogue, especially with the New Ministry of Housing and Communal Services, regarding notably adaptation of the SDC / SCO / ISW model for RWS systems on a nation-wide basis, gender becoming an integral part of project activities; and formal incorporation of hygiene and health education into the school curricula, starting with Kindergarten.

Seek participatory government funding for sanitation infrastructure; bring RWSS under the umbrella of “Integrated Water Resources Management” (IWRM); include the Ministry of Finance into the Policy Dialogue; and promote a medium to long-term vision for the water sector.

## 2. Objective and Methodology of the Review

The **Mission's Objective** was to

- i) Review achievements in particular of Phaser IV (Exit Phase) and to assess overall accomplishments of Phases I – III; and
- ii) Make recommendations for the future (post-Phase IV).

The Review Mission was composed by an international and a local consultant respectively, i.e. Peter Koenig, economist – water resources and environment (team leader); and Nodira Azimov, sociologist – gender and governance.

The **Methodology** included

i) **Review of relevant documentation** (Project Documents, previous reviews, SDC's Strategy for Central Asia 2012 – 2016 and 2017- 2020, and more);

ii) **Interviews with major stakeholders** in Tashkent, i.e. SCO, Ministry of Housing and Communal Services, World Bank (WB), Asian Development Bank (ADB), UNDP; as well as during field visits, i.e. Syrdarya Water Utility 'Vodacanal', Syrdarya Health and Education Department, Namanga Health and Education Department, DWO of Ukchi, and more – see Annex 3, list of people met;

iii) **Field Visits** (including interviews with beneficiaries):

*Syrdarya Province:*

- Sokhilobot, Gulistan District (pop. 4670) – Phase IV
- Tajkaul, Gulistan District (3220) – Phase IV
- Gulbut-Oq, Gulistan district (6,200) – Phase IV
- District hospital (capacity 145 patients) – Phase IV

*Ferghana Region, Namanga Province:*

- Uichi (4 villages, pop. 16,000) – Phase IV
- Rajabgardikfy Okjidast (5 villages – pop. 12,000) – Phase IV
- Tuberculosis (TB) Hospital (cap. 120 beds; ~ occupancy 80 -100) – Phase III water supply; Phase IV – sanitation / wastewater (WW) treatment and disposal (planned)
- Ukchi DWO – Phase III
- Ukchi hospital / policlinic – covering area of 20,000 population – Phase III
- Qr-Er-Uchariq (pop. 6,000) – Phase II
- Kalaynov (pop. 2,320) – Phase I
- Participation at informal DWO association meeting ('Plov' lunch) – Qr-Er Uchariq

*Chust District*

- 3 villages Boymok, Istiqlol, and Damobod (pop. 7,000) – Phase I
- Obodon village (pop. 3,500) – Phase IV

v) **Power-Point (PPT) Debriefing with SCO Tashkent** and SDC in Bern, Switzerland, including preliminary recommendations.

## 3. Rural Water Supply and Sanitation Sector Review

Since the dismantling of the Soviet Union in the early 1990s, Central Asians have suffered from significant deterioration of their rural water supply services and a virtual cessation of wastewater treatment and disposal, both in urban and rural areas, with an ever more precarious situation in rural villages which, in terms of sanitation infrastructure, both collective and individual, have been almost totally neglected.

Global drinking water coverage since 1990 has increased by 16%, according to the UNICEF / WHO joint Monitoring Programme for Water Supply and Sanitation. By contrast, in Central Asia coverage has declined by 1%. These are 2012 figures, but the situation for Central Asia had hardly changed by 2017. Therefore, meeting the Sustainable Development Goals (SDG) in water and sanitation will be a major challenge for Central Asian countries.

Uzbekistan's rural populations are typical for Central Asia, they have limited access to drinking water and even less so to hygienically safe sanitation. Water borne and hygiene related diseases are a public health threat, in particular for infants and children below the age of five. Despite the fact that WSS development is a priority for the Uzbek government, water supply and sewerage infrastructures remain poor.

Phases I – IV ProDocs did only foresee and provide for hygiene education, but not for individual and collective sanitation infrastructure, other than for building some school latrines, Ecosan toilets or similar and one or two sanitation systems (latrines, low-cost and appropriate WW treatment and disposal) for hospitals.

The cost of 15 years of SDC investments (Phases I – IV) in the RWSS sector in Uzbekistan may be summarized as follows:

- Phase I (01/01/04 – 30/06/07) – US\$ 2.320 million
  - Phase II (01/07/07 – 30/06/10) – US\$ 1.538 million
  - Phase III (01/01/10 – 31/12/13) – US\$ 2.593 million
  - Phase IV ongoing to 30/06/17 – US\$ 6.150 million
- Total** **US\$ 12,601 million**

The SDC RWSS project Phase IV – indeed all Phases I – IV over the past 15 years, remain relevant for the country and the rural population, especially for water supply and for hygiene education, but less so for sanitation installations. Here is an assessment of relevance, efficiency, effectiveness, impact and sustainability of the program.

### **Relevance**

**General** – the overall program is relevant to and consistent with the country's needs and priorities. It also matches SCO's Regional Strategy for water and sanitation. The SCO is also in regular contact and coordinates with other donors in the sector. Highly relevant is also SCO's (via a local consultant) involvement in a Policy Dialogue regarding the general application of the SDC/SCO/ISW RWS model, technical standards, ownership of assets (installed RWS system) and particularly in bringing the new Ministry of Housing and Communal Services to the fore of the RWS sector, to get it involved, so that it may gradually take over from SDC's 15 year- RWSS program.

**Rural Water Supply** – implementation of the RWS program has been highly relevant throughout the 15-year (4 Phases) program. The model and technologies have been accepted by the government, as well as other donors and financial institutions (WB, ADB, UNDP), including support for the full cost-recovery tariff structure. It was particularly relevant for women and children (girls) who traditionally are in charge of fetching water for the family, often from distant and polluted sources, a major cause of girls' absenteeism from school. In this context, the objectives of SDC's Cooperation Strategy's Results Framework have been met.

**Sanitation / Hygiene Education** – implementation of the sanitation component is not complete; and was not included as a complete component in the Phase IV Project Document (ProDoc) – Jan. 2013 – Dec. 2016), nor in the ProDocs of previous phases. The Phase IV ProDoc refers to sanitation as only 'hygiene education', pointing to *"a strong hygiene component with a view to expand the experience at national level. It will also contribute to the promotion of improved sanitation units, which are appropriate to the region (including local "mini-system for one village")*. It includes delivery of sets of necessary



*documentation on the model proposed and on didactics on hygiene so that the approach adopted can be easily replicated”.*

Physical household (HH) and communal sanitation infrastructure, i.e. improved toilets / latrines and small, simple wastewater (WW) treatment and disposal system are absent. People have currently on average 15 to 20 liter/capita/day (lcd) available. When they receive more water through a piped system, there will be more WW that infiltrates the ground and eventually risks contaminating the groundwater, unless there is modest sewerage / WW evacuation foreseen. The SDC *Sanitation Compendium* contains a wealth of simple and appropriate sanitation methods.

**Hygiene Education** – Phase IV, as well as all the previous phases are highly relevant. Hygiene education, particularly the PHAST (Participatory Hygiene and Sanitation Transformation) methodology has been relevant for transforming villagers’ behaviors, starting with school children, who have also benefitted from the PHAST’s “cascade” approach, i.e. doctors and nurses are taught at the provincial level, then the knowledge is spread down to the district, communal levels and finally to schools. Health statistics taken in some participating villages clearly indicate a drastic reduction in diarrheal diseases and Hepatitis A. It would be worthwhile to document experiences with the PHAST program for application elsewhere in Central Asia and the world.

In sanitation, the project is only partially relevant (hygiene education) to the needs of the population.

### **Efficiency**

The project has been highly efficient creating DWOs, tariff structures commensurate with full cost recovery, tariff collection rate (exceeding 90% in Phases III and IV, somewhat less in Phases I and II). The project is also indirectly cooperating with SECO in Syrdarya, where SECO has built a pumping station for water supply of the city of Syrdarya through a 33km long pipeline (a project co-financed with the WB which will improve water supply to Syrdarya city). Six to eight Phase IV villages will be supplied with drinking water from the 33km transmission pipeline.

Phase IV is also **efficiently cooperating with the WB and the ADB** for future collaboration in the Ferghana area and possibly Syrdarya, where the two banks would provide funding for infrastructure, while the SDC / SCO / ISW project team would provide its RWS model as well as TA (training, promotion, etc.) until the end of Phase IV – 30 June 2018. SCO has also an ongoing **Policy Dialogue** (through a local consultant) with the various government authorities, notably the new Ministry of Housing and Communal Services (MHCS), with regard to the SDC / SCO / ISW developed model being adopted countrywide, as well as the full cost-recovery tariff structure. Other topics will need to be addressed – see *Conclusions and Recommendations*, below.

### **Effectiveness**

The project (all phases) was effective in establishing DWOs, in improving over time the gender balance in DWOs management, and in creating a certain cohesiveness between the different DWOs. In fact, under Phase IV, an association of DWOs is being forged. It currently exists as an informal monthly get-together, but efforts are under way to establish the association as a legal entity – an NGO. As far as the mission was able to observe, DWOs are conscious of the importance of social inclusion, though more efforts may need to be made to further improve gender balance and inclusions of marginal groups which currently are looked after by the community (the community pays tariffs for poor families and single mothers). An ‘equalized’ or “cross-subsidy” tariff system may be considered – see *Recommendations*, below.

### **Impact**

The impact on rural populations of water supply and hygiene education was significant. It helped improve the overall well-being, not only of individual families, but for entire villages, as water is readily available through house or yard connections, and women and girls can dedicate their time to other activities than the hardship of fetching water – often contaminated with pathogens – from faraway places.

From an institutional point of view, it appears that the Communal Water Unit of what has recently become the Ministry of Housing and Communal Services, has taken 'ownership' of the model developed under the SDC / SCO / ISW 15-year RWS program. More is needed to transfer all the wealth of experience and knowledge to the relevant authorities – and to be applied country-wide.

Thanks to the project's intensive hygiene education program (PHAST), populations' hygienic behavior has started to change (mostly hand-washing and household hygiene, like food preparation and indoor water storage), and key indicators on the major water-borne diseases have improved. However, since the project did little to promote and help build clean and safe toilets or latrines, the state of these almost all outdoor – often distant from the house (and from schools) – pit latrines, is in most cases beyond description and health standards.

### **Sustainability**

At the outset, sustainability looks promising. Sustainability of the physical infrastructure as well as the Hygiene component may be significantly enhanced by following the observations and recommendations below, regarding complementary funding and activities by other donors and the government.

When a long-term program like the four Phases and 15 years of SDC / SCO / ISW RWSS program in Uzbekistan is coming to an end, the recipient country is hardly prepared and ready to fully take over and run with the project, its continuation, expansion and maintenance. This is the case even with a well-designed Exit Phase, the current Phase IV, and even with the Government taking over the SDC / SCO and ISW developed RWS model. This is simply a psycho-sociological fact.

It is, therefore, important that other donors, especially the World Bank step in by complementing water supply with the sanitation component. In the remaining four months until the end of June 2018, the project team may want to set a mechanism in motion, whereby DWOs collaborate closely with each other and especially the larger and better prepared ones assist the smaller ones with TA. The formal establishment of the DWO Association will also help in this direction.

Typically, when the Mission Team attended the lunch meeting of the informal DWO Association, the manager of one of the DWOs said, "*We are like children, we cannot yet walk alone.*" – The new World Bank program may lend a helping hand to the DWOs and their Association, to mitigate the risk of weakening sustainability of 15 years of investments and technical know-how – see also *Conclusions and Recommendations*.

Institutional support through *Policy Dialogue* is far from reaching its apex of achievements, especially with a new ministry that is finding its feet and will still need guidance and advice for a while to come.

Another point of concern for sustainability may be *ownership of the built water infrastructure*. At this point no decision has been taken by the government as to who or what agency should own the final infrastructure works built under the 15-year, four-phases program. Various options have been mentioned, from Vodacanal (urban utility), to district municipalities, to the commune (*Mahallah*) or even the DWO. Experience around the globe shows that 'ownership' is important for 'willingness-to-pay' tariffs. This is the case also for RWS in Uzbekistan. It would therefore be logical and most appropriate to register ownership of the RWS assets as close as possible to the people it serves, i.e. the commune (*Mahallah*) – see also *Conclusions and Recommendations*.

### **Transversal Issues**

**Disaster Risk Reduction** – DRR (flood prevention, earthquakes / tremors, landslide protection) – is currently part of the project by prudent design. However, DRR is not part of a systematic approach according to the location of an RWS system. It also lacks a social component, under which people are taught and instructed how to behave in case of a natural disaster.

**Gender** – Although, there are currently only one or two DWO managed by a woman, gender balance especially in the management team of DWOs, is gradually improving. It is not an easy task, as it runs against customary behavior. But steady coaching, training and explaining will help. After all, irrespective of culture and creed, women are generally more responsible in dealing with money than men. This is a capacity that clearly could strengthen and stabilize DWOs.

**Governance, Donor Coordination and Policy Dialogue** – DWOs operations are generally working well and transparent. Their relationship with government authorities is overall good. SDC / SCO working relations with government authorities are good. SDC / SCO's cooperation with other donors is good, though SDC / SCO could take a more active role in '*Donor Coordination*', as is the case in other Central Asian countries. *Policy Dialogue* at the heart of SDC achievements, is ongoing through a local consultant. It may need strengthening with the new MHMS, as well as with the Ministry of Finance on long-term budget provisions (medium- and long-term vision) for the sector and on tariffs (how can richer DWOs support poorer ones) – see *Conclusions and Recommendations*.

**Upscaling** – in Phase IV ISW has and is building few new systems, but is rather transferring the model and the related technology and experience to the government, as well as to other donors and funding agencies like the WB and ADB. Upscaling in RWSS infrastructure can particularly be expected in the post-Phase IV period through close collaboration with the World Bank and the Asian Development Bank. Positive dialogues are ongoing in this respect, but may be enhanced by working out a specific cooperation program between the SDC / SCO / ISW project and the two financial institutions.

#### 4. Specific Questions (according to TORs, some are summarized for simplicity)

##### General

- **Question:** What are the major challenges and gaps that may need to be addressed as a priority?  
**Answer:** (i) As mentioned before, household (HH) and community sanitation infrastructure, as well as school toilets, where they have not yet been built; (ii) the ownership issue of water supply infrastructure / assets, and (iii) the continuation of the project as a 'back-up' service to enhance prospects for sustainability of the investments.
- **Question:** Has the project made substantial progress towards meeting the targets and how can the approach be optimized to achieve better results?  
**Answer:** The project has made good progress in RWS toward achieving the targets, and also in hygiene education, but not in sanitation infrastructure. While sanitation infrastructure was not foreseen in the ProDocs Phases I to IV, to optimize project achievements and sustainability, sanitation infrastructure at the HH level as well as the community level (school toilets, basic and simple WW collection, treatment and disposal) has to be addressed, including with social mobilization.
- **Question:** Is the monitoring and evaluation (M&E) system well-structured and comprehensive?  
**Answer:** M&E is well structured for Phases III and IV, but may need to be enhanced for RWS systems under Phases I and II.
- **Question:** Did the project apply principles such as "Do no Harm", conflict sensitive program management, social inclusion, i.e. how is access to water for very poor people guaranteed?  
**Answer:** The project definitely follows a "Do no Harm" policy and one of inclusiveness in water supply; poorer families and single mothers, who may at times not afford the water tariff will be helped by the commune through a 'solidarity fund'.
- **Question:** Are there good practices that should be documented and communicated at national and international level?  
**Answer:** Yes, the RWS technical model, tariff structure and hygiene education (PHAST) should be documented for application nationally and internationally. National replication is already happening. Documentation for international replication – and / or peer exchange visits may be considered.

- **Question:** Are opportunities of cooperation and collaboration with other projects and other donors sufficiently sought and exploited?  
**Answer:** Yes, cooperation particularly with WB are progressing well and with ADB initial steps had been taken, but require follow-up.
- **Question:** Is an Exit Strategy sufficiently thought out, including experience and knowledge transfer?  
**Answer:** An Exit Strategy should include a post-project backup service, lest there is a risk of loss of sustainability. This is currently not foreseen – see – 3. RWS Review, ‘Sustainability’, above.
- **Question:** Is the Umbrella Association established as planned, and relevant to the sector? **Answer:** The DWO Association is currently an informal body, but is intended to become a formal body, i.e. a registered NGO – which, as such will be very relevant for the projects, as it fosters solidarity among the DWOs and exchange of experiences and knowledge – TA between peers.

## Policy Dialogue

- **Question:** Is the way the project advocates and addresses critical issues of water supply at different levels through policy dialogue sufficient? – How can it be improved?  
**Answer:** SCO has contracted a highly competent local consultant to carry out the Policy Dialogue on behalf of SDC / SCO. He is working with the new Ministry of Housing and Communal Services regarding the incorporation of the Swiss RWS model (including tariff structure, community mobilization, gender balance and more), into national government policy. He is also lobbying for the government to take over responsibilities of the project, its continuation after the SDC’s Exit Phase.

But more should be done in terms of (i) incorporating hygiene education officially into the national school curriculum, including in Kindergarten, (ii) increasing coherence and coordination between donors working in the same sector, or in linking up related sectors for optimal synergies and benefits, (iii) adjusting defunct norms from the Soviet era to modern construction standards, notably for water supply, but eventually also for sanitation, (iv) with the Ministry of Finance regarding allocation of national counter-part funds for rural sanitation installations, and (v) to develop a national vision for the RWSS sector.

## Water Supply

- **Question:** Are the implementation approaches, quality of technical solutions and construction materials adequate and sustainable? – And are protection measures of water source in line with standards and norms?  
**Answer:** The technical solutions, including building materials, protection of water resources, is fully adequate and corresponds to modern RWS construction standards, including for water quality. Uzbek’s antiquated norms (see above) need to be adapted to more practical modern standards for decentralized RWS systems. This is part of the Policy Dialogue.
- **Question:** Is the distributed water corresponding to WHO quality norms? Is it disinfected and is the disinfection system sustainable? Are the water quality control mechanisms in place, performing and sustainable?  
**Answer:** Water is chlorinated and corresponds fully to WHO standards; every three months water samples are analyzed for bacteriological content. The water quality system as designed is sustainable.
- **Question:** Is O&M correctly applied? Is it sustainable, in particular with regards to tariffs, billing systems and management set-up? Are the roles of DWOs relevant for the communities they serve?  
**Answer:** DWOs are in charge of managing and maintaining the system, including billing and tariff collection, the basis for proper maintenance. Their role in the community is highly relevant. In projects of all 4 phases O&M works well and sustainably, including a tariff collection rate of between 90 % and

100% in projects of Phases III and IV. Tariff collection for previous Phases I and II is around 70%. Most of the latter DWOs are smaller, therefore weaker, intensified and systematic M&E and retraining of DWO staff is of the order.

- **Question:** Is the ownership of the systems guaranteed? How is the issue of ownership / property of the water systems reflected in the national legislation? Are the property assets (property of water sources, property of terrains for infrastructure and pipe crossing) registered?

**Answer:** At present ownership of the systems is not yet decided. Thus, the assets of 40 RWS systems built over the past 15 years are still on the books of SDC / SCO. But this should change within short, especially now that there is a new Ministry in charge, MHCS. As pointed out before, options are several, but the preferred option is that the assets are transferred to the commune (registered as an NGO), and the communes establish management contracts with the DWOs. Ownership of RWS assets should be as close as possible to the community they serve, in order to enhance willingness to pay, i.e. tariff collection. This community behavior is based on worldwide experience.

- **Question:** How are the new drinking water supply systems utilized by beneficiaries?

**Answer:** The new RWS systems are highly appreciated by the populations. Most of them are yard connections, though some villagers have already extended their yard connection to inside-the-house connections which increases the comfort (showers, washing machines) and also reduces the risk of contamination. Increasingly the availability of drinking water in quantities of up to 95 lcd is an incentive to increase the living standards. If people used 15 – 20 lcd before the yard / house connections, they are expected to gradually increase their fresh water use to 30 – 50 lcd and higher over time.

Under Phases I and II no house connections were built, only street stand-posts. During a systematic M&E, the ISW team may want to promote the use of house connection which would also reduce the risk of contamination and increase the comfort level of these villagers – and, by association, willingness to pay, i.e. tariff collection may increase to the level of Phase III and IV beneficiaries, when water flows from faucets in the yard or house.

- **Question:** How is the local government involved in the project? Vodocanal?

**Answer:** Local government, like communes (*Mahallahs*) and district councils are involved in as much as district municipalities issue licenses for building the systems. Vodocanals' role is less evident. While they would like to receive the assets of RWS systems, they do not have the manpower nor financial capacity to look after RWS systems. In fact, in one case of a Phase IV built system, Rajabgardikfy Okjidasht (5 villages), Vodacanal Gulistan asked the respective DWO whether they could help building an RWS system for a neighboring village, as they, Vodacanal, do not have the capacity to attend to village's request. The DWO of Rajabgardikfy Okjidasht, with TA of the SDC / SCO / ISW project will now help to build the RWS infrastructure for the neighboring town.

When the mission team met with Vodacanal of Syrdarya, the question was raised whether Vodacanal would on an exceptional and trial basis (under contract with the respective DWOs) be able to provide support to the 4 to 8 village-RWS systems to be built from supplies off the 33-km urban transfer pipeline. The reply was a hesitant "we will consider". And this, with the Syrdarya Vodacanal being one of the stronger ones.

- **Question:** Have the project interventions contributed to behavior changes, scale-up of the systems? Are the existing systems adapted to respond to demographic growth?

**Answer:** SDC / SCO / ISW project interventions have clearly contributed not only to behavior changes of the populations – water use, hygienic behavior in and outside the house – but also the RWS model developed in the course of a 15 years Swiss intervention is being taken over by the government, as well as other donors, notably the financial institutions World Bank and ADB. The systems capacities are adequate for demographic growth.

- **Question:** Is the knowledge of the right to water addressed at all levels?

**Answer:** The *right to water*, a universal Human Right, is respected in all SDC projects, and also in Uzbekistan which, albeit, is still struggling to meet the SDGs and eventually full drinking water supply coverage throughout the country. ISW, through the DWOs, is assuring that all citizens of RWS systems built have access to adequate amounts of drinking water.

## Hygiene and Sanitation

- **Question:** To what extent do the hygiene interventions contribute to improving people's health and to creating a healthier environment?  
**Answer:** Hygiene interventions / education have had a very positive effect on people's behavior, as well as on people's health. Statistics indicate a drastic reduction in diarrheal diseases and Hepatitis A, since the introduction of the PHAST program in 2003. As to a healthier environment – yes, as far as households' indoor environment is concerned. However, the HH toilets or pit latrines have not improved since hygiene education was introduced. Most of them are in a state way beyond any health standards. No sanitation infrastructure has been built by the project, i.e. WW disposal, individual and collective septic tanks. This has to be addressed in hopefully a follow-up intervention, if not by SDC / SCO, by the planned WB program in the Ferghana Valley.
- **Question:** How efficient and effective is the introduced approach to hygiene promotion and to behavioral changes? Where are additional entry points for hygiene promotion? Is the approach appropriate and culturally-sensitive?  
**Answer:** The PHAST approach is culturally sensitive. It has been efficient in (i) covering project districts and communities and schools with hygiene education principles; and in (ii) changing peoples' customs towards more sanitary and hygienic behaviors. It was also effective in as much as hundreds of flyers on hygiene and handwashing posters were distributed in health centers, hospitals, schools and other public buildings – with positive results. However, the approach has hardly affected people's behavior vis-à-vis their toilets / latrines. Only few latrines, including school latrines, have handwashing facilities outside the latrine.
- **Question:** To what extent has the intervention contributed to a scaling up of the approach in hygiene and sanitation promotion at national level? – And to capitalize on best practices by writing them down for national and international dispersal?  
**Answer:** The approach is being scaled up to national level. The approach itself, as well as Best Practice examples might be recorded for national, regional and international distribution. Future Policy Dialogue should also focus on including hygiene education into school education curricula.

## Crosscutting Issues

- **Question:** Are good governance principles promoted at all levels?  
**Answer:** Good governance principles are promoted during the Policy Dialogue, at provincial, district and communal levels, as well as with DWOs. They include a continuous dialogue with these authorities as well as promoting gender equality as much as possible within the DWOs. Judging from inquiries and conversations with the various DWOs, the Review Team has had, gender equality in DWO staff has been largely achieved – about half / half female / male. Though, we have met with only one women DWO Director.  
  
**Question:** Is gender integrated at design and implementation level? Is women participation in water management promoted and effective?  
**Answer:** Yes, gender is integrated during the community mobilization process, i.e. women are consulted with regard to where their yard or house water point should be located; women are also integrated into the DWO staff (see above), i.e. into management of the RWS systems. Women's roles in the DWO management is in most cases linked to accounting and tariffs / tariff collection. However, further efforts are needed to place women also into director DWO positions. – It needs to be noted,

though, the project team is making tremendous efforts in bringing the role of women to the fore, However, this is not easy in a traditional male dominated society. It is a long-term proposition. The gender situation may be further enhanced by including more women in the ISW Social Mobilization Team (SMT). A side-effect of more women in the SMT is valorization of women's roles in society in general. They contribute tremendously to society, with most of their work being underpaid or not paid at all.

- **Question:** Does the project contribute to economic development (e.g. small-scale businesses)?  
**Answer:** The project has promoted supply chains for spare parts and small businesses for RWS systems maintenance. Foremost, the project has promoted and provided construction work for small- to medium size Uzbek enterprises.
- **Question:** How strong are social aspects taken into account?  
**Answer:** The entire project is about social aspects, i.e. improved hygiene, improved living conditions through drinking water supply and hygiene education, both of which are leading to improved health. There is also a strong effort of bringing about a better gender balance in the DWOs specifically and enhancing 'gender values' – i.e. valuation of women's activities in the community in general. The social benefits of this project are invaluable. As the project progresses, these benefits may spread exponentially.
- **Question:** How strong is DRR integrated into the project cycle?  
**Answer:** All RWS projects are designed with a view of Disaster Risk Reductions, i.e. boreholes are surrounded by small walls to prevent flood waters from infiltrating the wells, reservoir towers are built with metal structures for flexibility and tied to the ground with iron wires for stability – to better resist earthquakes and tremors. The Review Team has not visited landslide-prone areas. They should of course get special attention. What is missing in the DRR component, is the 'social part' of DRR, i.e. involving populations, teaching them how to behave when disaster strikes and installing early warning systems. This could be done in a possible follow-up intervention.

## 5. Conclusions and Recommendations

### Conclusions

#### **Introduction**

**Interviews with direct beneficiaries** – the Review Team interviewed people from several SDC / SCO / ISW project villages. All of them are very happy and expressed gratitude for having been included in the project. Their lives had significantly improved since they received a water supply connection and hygiene training. Their health – and especially that of their children – had also improved.

The description of their water supply situation before the project was similar everywhere. There were basically two types of access to water. The first was access to water sources within a radius of about 2 kilometers, mostly polluted water, often from an irrigation channel. The second was purchasing water delivered from a vender. In both cases water quality is highly questionable. As a consequence, there was a high level of infectious diseases, diarrhea and Hepatitis A, before HH tap water became available.

**Water use from the traditional sources** was about 15 – 20 lcd. Delivery capacity of house connections is 95 lcd, though water use may increase gradually to about 30, then 50 lcd and more, depending on family size and depending on indoor use (installed shower, washing machine) and outdoor use (vegetable garden).

**Water collection from faraway sources** – fetching water over long distances was also a loss of time, especially for women and children, mostly girls. Children lose school time and with the water-borne diseases, they also skip school attendance. Plus, there is the cost of medication for the family and the

larger cost to the country's economy. Having drinking water connected to the house meant more time for the family and savings in medical costs and a reduction in school (and work) absenteeism; hence, improved learning capacity to be reflected later in the national economy.

**Social responsibility and solidarity** – the community and the DWO understand that there are people who may not afford to pay for the water, or not the full tariff. Out of solidarity, the community pays for poor families and single mothers. This solution enhances sustainability of the system, as there is no shortfall of resources to maintain and operate the RWS system.

## Rural Water Supply

- **RWS projects are generally well implemented.** The technology has been tested and over time become a model which is being 'nationalized', i.e. integrated in the water strategy of the new Ministry of Housing and Communal Services. The model also includes a cost-recovery scheme, consisting of a full cost covering tariff and collection system.
- **Social Mobilization Team** – The SMT is instrumental in consulting with and preparing the community or communities for the water project, as well as for establishing the DWO, assuring gender balance and explaining the role of women and men within the DWO management team.
- **House connections** under Phases III and IV are really yard connections. So far only few houses have built indoor connections. However, this trend may rapidly increase. Some families have already installed indoor-showers and bought washing machines.
- **Phases I and II – street stand-posts** – Phases I and II did not foresee house connections but built street stand-posts, one for about 30 inhabitants. In a systematic drive of Monitoring and evaluation (M&E), the ISW team may go back to the older (Phase I and II) systems and promote the advantages of house connections. Since the network is in place, connecting to a yard or house, the connecting costs may be within the range of house connections under Phases III and IV and, therefore, well affordable. This would further reduce the risk of contamination and increase the living comfort, especially in winter. It may also increase the willingness-to-pay and therefore, the tariff collection which for Phases I and II is lagging behind as compared to Phases III and IV.
- **Drinking Water Organizations** – 31 DWOs have been created in the project's 15-year span. DWOs are responsible for the water supply of 40 villages. Some of the DWOs are larger and stronger, others are small and weak, notably the ones under Phases I and II, which need follow-up by the ISW team and special mentoring – which will contribute to their sustainability.
- **Water Tariff collection** – The state of DWOs is also reflected in their tariff collection rate. While tariff collection under Phases III and IV is close to 100%, it is on average only about 70% for DWOs created under Phases I and II.
- **DWO's autonomy** – as one DWO director said, "*We are like children, we cannot yet walk on our own.*" This is an expression of fear, namely that after the 'Exit' Phase they will be left alone, without recourse, if something goes wrong or they need advice. The statement has to be taken seriously. It shows the vulnerability of the systems and therefore the potential risk to sustainability, if the project was to 'hand-over' and leave, without a back-up service.
- **DWO Association** – currently exists informally with monthly meetings usually over a lunch meal discussing common issues and how they may be resolved. The project team is working on formalizing the Association, registered as an NGO. This would enhance their current status, promote solidarity



and the exchange of experiences and TA among themselves.

- **Ownership of RWSS systems** – Ownership of rural water supply (and sanitation) systems is not yet clear. Currently these assets – RWS infrastructure of 40 villages – are on the books of SDC / SCO. Article 306 of the new Housing and Communal Services Ministry's Regulations refers only to urban water assets – not to RWS assets. Article 306 may have to be expanded accordingly.
- **RWS ownership options**
  - Vodacanal (urban water authorities) – not appropriate or practical – insufficient capacity and too distant from the village water users
  - District Municipality – not ideal – too distant from the user
  - DWO – not practical; DWO's are not stable institutions, some are weak
  - Commune (*Mahallah*) – best option – ownership of system stays with people who paid for it. The commune establishes a management / operating contract with DWO

***Distant ownership risks reducing willingness to pay for tariff***

## Rural Sanitation

**There should be no water supply without simultaneous development of Sanitation – Hygiene Teaching and physical sanitation installations**  
*(SDC Policy since the 1980s, the international UN-declared Water Decade)*

- **Sanitation installations are almost entirely absent throughout the 4 Project Phases** (they were not foreseen in the respective ProDocs):
  - Waste water evacuation (small-bore sewers, collective or communal septic tanks)
  - Modernized, hygienically safe household toilets
  - School and health center toilets, with the exception of a few (2 school toilets are still foreseen in Phase IV – 1 Ecosan, 1 pour-flush; and one simple WW evacuation and treatment system at a Tuberculosis hospital)
- **Health / Hygiene Education (PHAST Concept) – functions well**  
Health and hygiene education used to be included in the school curriculum in the form of a class called “Healthy Living”. As teachers felt overloaded, the “Healthy Living” class was made facultative and, as such, may or may not be attended by pupils.

The PHAST (Participatory Hygiene and Sanitation Transformation) concept was developed by the ISW team. It is systematically applied in all project provinces and is being introduced as a national program. It is a cascading scheme, with doctors and nurses being trained at provincial level, they then train doctors and nurses and teachers at the district and communal level.

- **Household “toilets” – pit latrines in most cases are beyond any sanitary / health standards** – they are
  - Dirty, smelly, infectious, in most cases without handwashing facilities (water and soap)
  - In most cases just a hole in the ground, sometimes (rarely) with a cemented lining, but open at the bottom
  - A high risk of infiltration into shallow groundwater

- **School “toilets” – grouped pit latrines are similarly far from meeting health standards, except for those which have received and may still receive Ecosan or pour-flush latrines.** Their characteristics are the same as above, for HH latrines. In addition, all toilets are distant from schools – one about 300m from the school building (Obodon village primary school – see Annex 5)
- **Kindergarten – (Obodon village)**
  - No indoor water
  - Latrine outdoors – 30m distance from school building
  - Hole filthy, too big for small kids – dangerous (Annex 5)

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## Recommendations

1. **Since no additional funding for TA and follow-up activities seems to be available from SDC, and the project is to terminate by 30 June 2018, it is important that the project team concentrates in the final months on some kind of continuity after the end of June 2018, i.e. the World Bank has already expressed interest in cooperating with SDC / SCO in Sanitation in the Ferghana Valley. Interest in cooperation has also been expressed by the ADB. Follow-up and DWO coaching may be carried out by UNDP. The Project Team may want to prepare these agencies for the specific tasks after June 30, 2018.**

Main activities to be covered

- Monitoring, hygiene / sanitation promotion, technical guidance
- “Assistance on Demand” by DWOs (*“we are like children, we cannot yet walk on our own”* – Director of one DWO at “Plov” Association meeting)
- Experience shows throughout the world (from SDC – other bilaterals – World Bank – other international development institutions) – sustainability is at risk, if there is no back-up after the Exit Phase. The need for back-up will fade as local institution, like DWOs and communities, become more autonomous over time.
- ***In the case of SDC in Uzbekistan – Sustainability of 15 years of good work and water installations, and a wealth of experience should not be put at risk.***
- **As mentioned above, World Bank and ADB cooperation in Ferghana and Andijan on water supply and sanitation is a possibility**
  - World Bank / ADB would provide funding for investments, and back-up / follow-up on SDC / SCO / ISW build systems
  - In the last four months, SCO / ISW provides technical know-how (models), promotion, training, monitoring... **focus on sanitation**

**SDC / SCO may want to consider a special regional sanitation program under SDC regional funding, for Uzbekistan, Tajikistan and Kyrgyzstan, as all three countries are weak in sanitation / physical sanitation installations.**

2. **Specific Recommendations for Uzbekistan to be provided by the Government, WB, ADB, UNDP and possibly other donors who expressed interest in cooperating with SDC – after 30 June**

**2018. This transition is to be facilitated during the coming for months by the SCO / ISW Project Team:**

- **Water Supply** – continue TA activities and Return to earlier villages, notably Phases I and II
  - Monitoring DWOs – functionality of systems – hygiene in schools and in households (HH)
  - Continue promoting gender balance, especially in DWOs
  - Promote house (in-door) connections
  - Promote house connections for Phases I and II
  - Tariffs – investigate a mode of “equalization” or “cross-subsidy” between richer and poorer DWOs, and within DWOs progressive tariffs; higher tariffs for bigger water users and lower ones for those who use a minimum and belong to lower income echelons
  - Tariffs – increase recovery rate, on DWOs under Phases I and II
  - Assist with the formal creation of the DWO Association – monitor them; assist in their monthly meetings, at least initially (Annex 5 – Informal DWO Association)
  - Train DWO staff on monitoring (measurements, and analysis of existing data), with gender balance, and work with gender issues in villages
  - Social Mobilization Team – expand women members in the SMT
  - Specific cases of the RWS model application should be documented for dissemination in Central Asia and other parts of the world.
  
- **Sanitation**
  - All project schools (Phases I to IV) and health centers to have safe sanitation installations (ECOSAN or pour-flush toilets, following the examples still to be completed under Phase IV) – indoors or attached to the school / health centers
  - Promote HH toilets – indoors or attached to the living quarters (possibly providing an incentive, i.e. a prefabricated cement slab, or a couple of bags of cement – and TA, possibly in the form of village-based workshops)
  - Introduce and help with design of appropriate wastewater disposal systems – individual septic tanks (2 chambers); small-bore sewers with collective septic systems – and other options from the Sanitation Compendium.
  
- **Health and Hygiene Education**
  - Continue with the PHAST approach, “cascading” teaching method
  - Closely monitor results – disease statistics based on baseline data
  - Document the PHAST experience for replication elsewhere in Central Asia and the world

**WHO:**

***“Hygiene is the bond between drinking water and safe sanitation – providing optimal benefits to the population”***

- **Disaster Risk Reduction (DRR)** – flood prevention, earthquake / tremor, landslide protection
  - Currently part of the project simply by design logic
  - Should be built-in by systematic approach according to location
  - Introduce social DRR components – informing and training village people of their role and behavior in emergency situations
  
- **Ownership of rural water supply (and sanitation) systems:**
  - Seek Addendum to Art. 306 to cover rural water supply and sanitation.

**Recommended option:**

Ownership to commune (*Mahallah*) – and management contract with DWO.

➤ **Policy Dialogue – SCO to continue beyond the end of Phase IV**

Continue and strengthen ongoing Policy Dialogue – especially with focus on

- New Ministry of Housing and Communal Services – RWS model, importance of sanitation
- Gender to become an integral part of RWSS projects
- Formal inclusion of hygiene / health education in school curricula, starting with Kindergarten (Ministries of Health and Education)
- Participatory government funding for sanitation investments – physical infrastructure, communal septic tanks, small and appropriate technology-type wastewater disposal systems \*
- Incentive subsidies for HH to install / build safe toilets (i.e. cement slabs, or a couple of bags of cement, or similar)
- Bring RWSS under the umbrella of “Integrated Water Resources Management” (IWRM)
- Include Ministry of Finance in the Policy Dialogue
- Promote a Vision for the overall Water Sector, and specifically for RWSS

**\*Participatory Government Funding**

Uzbek Government provides budgetary funding for rural water and sanitation investments; necessary TA will be provided by other donors under a cooperation arrangement with SDC / SCO – see above.

This is the *SABA Peru model*, being replicated now in Colombia and might also be relevant in Uzbekistan and elsewhere in Central Asia. A project visit to SABA by selected project and DWO staff might be considered.

**Swiss / SDC / SCO Role in Policy Dialogue and Donor Coordination is crucial and highly appreciated by governments and donors / financiers – around the world**

## **Annex 1**

### **Uzbekistan External Review RWSS Program Phases I to IV**

#### **List of People Met** (not exhaustive)

##### **Swiss Embassy / SCO Tashkent**

Olivier Chave, Ambassador  
Dildora Abidjanova, National Program Officer  
Madaminov Muzaffar, Budget Officer  
Sohib Akramov, Regional Water Sector Program Officer

##### **SDC Berne**

Richard Chenevard, Program Manager Central Asia

##### **ISW Tashkent and Ferghana**

Olivier Normand, Director SDC RWS Project  
Nurbek Pulatov, Coordinator, Drinking Water Organizations  
Shurat Azizov, Project Engineer  
Mirsaid Uzakov, Information Officer  
Ferusa Madalieva  
Ram Mani Sharma, Project Engineer

##### **Scientific Research Institute (Ministry of Health) Tashkent**

Dr. Gulbakhor Abudallaeva, Deputy Director

##### **Ministry of Housing and Communal Services**

Tahir Haidarov, Vice-Minister  
Komil Sadikov, Head of Infrastructure Department  
Ilhom Jurnaev, responsible for Investments  
Faruk Nurullaev, inter-Committee

##### **UNDP Tashkent**

Hushid Rustamov, Head, Sustainable Development  
Elvira Izamova, Program Associate, Sustainable Development

##### **World Bank Tashkent**

David Lord, Senior water Supply and Sanitation Specialist

##### **Asian Development Bank – ADB Tashkent**

Doniyor Mukhammadaliyev, Social Sector Officer

##### **Centre of Municipal Economy and Engineering, Tashkent**

Bakhodir Khodjaev, Founder and Director General (SDC/SCO Consultant for Policy Dialogue)

**Vodacanal Gulistan, Syrdarya**

Yunus Jalalov, Director

**SES – Sanitation and Epidemiological Services (Ministry of Health), Gulistan**

Head of Unit

Health and Education Department, Namangan, Andijan / Ferghana  
Ulugik Botirov, Deputy Director

**Ministry of Education, Namangan, Andijan / Ferghana**

Enahon Karimova, Teacher

**Health Center / Policlinic, Ukchi Ferghana**

Dr. Dilnoza, chief of Policlinic

**OQ-ER-Uchariq, Ferghana**

Attending „Plov” meeting of informal DWO Association (about 30 members present)

**In addition:**

Meeting with a number of distinguished people, representatives of DWOs, teachers, villagers

## Annex 2

### Agenda External Evaluation Mission for Rural Water Supply and Sanitation Project in Uzbekistan

**November 27 – December 5, 2017**

**Participants:** Mr. Peter Koenig (PK) , Ms. Nodira Azimova (NA)  
**From SCO's:** Dildora Abidjanova (ABI), National Program Officer  
**ISW:** Mr. Olivier Normand (ISW), Murat Mirzaev, ISW Project Team in Fergana and Syrdarya  
**Drivers:** Embassy driver for Tashkent and ISW drivers for the Syrdarya and Ferghana Valley  
**Hotels:** Hotel "Lotte" in Tashkent, Fergana "Asia"

Date	Time	What	Where	Who
Sunday, November 25/ 26	02:00	Departure to Tashkent from Geneva via Istanbul, flight <b>TK370</b> Arrival to Tashkent. Accommodation in Hotel Lotte		Taxi (Hotel)
Monday, November 27	08:00	Pick up in the Hotel Lotte		Nikolay ABI, PK, NA
	08:30- 09:30	Briefing at Embassy Tashkent		
	10.00 - 11.00	Meeting with World Bank		
	12:00- 13:00	Lunch		
	13:30- 15:00	Meeting with the Scientific/ Research Institute of Public Health and Organisation of Health Care	Institute	PK, NA, ABI
	15:00- 16:00	Meeting with ADB	ADB office	PK, NA, ABI
	17:00- 18:00	Meeting with UNDP	UNDP office	PK, NA, ABI
Tuesday, November 28	08.00	Departure to Syrdarya. Meeting in the ISW (Project) office in Syrdarya Meeting Syrdarya Water Utility Meeting with Syrdarya Health and Education Departments	Syrdarya region	ISW driver RWSSP PK, NA, ABI
	12.30- 13.30	Lunch		
	13.30- 18.00	Visiting villages in Syrdarya: villages along the main trunk and independent systems Evening departure to Tashkent		RWSSP

Date	Time	What	Where	Who
Wednesday, November 29	09:00 11:00 12:00- 14:00	Pick up in the Hotel Lotte Departure to Andijan (flight) Visiting Uichi district villages	Namangan region	ISW driver in Fergana region
	14.00- 15:00	Lunch		
	16:30- 17:30	Meeting with Namangan Health & Education department Transfer to Fergana		PK, NA
Thursday 30 <sup>th</sup> November	09:00- 12:00	Visiting Ukchi Dasht village from previous phase for the issues of institutional and financial sustainability	Fergana region	PK, NA
	12.30- 14.30	Lunch with the group of DWOs people and B. Khodjaev		PK, NA
	16:00- 17:00	Meeting with Fergana Health and Education Departments		PK, NA
Friday, December 1 <sup>st</sup>	08:00 10:00 - 11:00	Departure to NMG Visit Chust and Kasansoy district villages of Namangan Region	Namangan region	PK, NA
	13:00- 14:00	Lunch		
	14:00- 18:00 21:25	Visiting villages of Namangan Region Transfer back to Fergana. Departure to Tashkent		PK, NA
Saturday, December 2	10:00- 12:00	Meeting with Mr. Khodjaev (CMEI)		PK, NA, ABI
	12.30- 13.30	Lunch		
	14:00- 18:00	Working with Local Consultant		PK, NA
Sunday , December 3- d		Working on report		PK, NA
Monday December 4- th	08:45	Pick up in the Hotel Lotte		
	10:00- 11:00 12:00- 13:00	Meetings ADB Meeting with Ministry of Housing and Communal Services Meeting with UNICEF	Ministry	Nikolay PK, NA, ABI
	13:00- 14:00	Lunch		
	14:00- 15:00	Debriefing Swiss Embassy in Tashkent	Swiss Embassy	CHV, ABI
	15:00 – 18:00	Working on report		PK, NA
Tuesday, December 5- th	09:00	Leaving for Geneva		PK
Wednesday December 6 <sup>th</sup>		Home report writing		



## Phone connections

### *Swiss Embassy and Cooperation Office:*

Dildora Abidjanova ABI, National programme officer  
Nikolay Filippov, SW driver

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### *Others:*

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## Annex 3

# Uzbekistan External Review Social and Gender Report of the Rural Water Supply and Sanitation Project, Swiss Agency for Development and Cooperation (SDC) November-December 2017

Nodira Azimova  
12 December 2017

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## Abbreviations and Acronyms

RWSSP	Rural Water Supply and Sanitation Project
DWO	Drinking water organization
MC	<i>Mahalla</i> Committee
PHAST	Participatory Hygiene and Sanitation Transformation series: a participatory approach to controlling diarrheal diseases
NIHS	National Institute of Health and Statistic
SVP	<i>Sel'skiy Vrachebniy Punkt</i> (Russian term for Rural Medical Posts)
NGO	Non-Governmental Organization

## Some local terms

Mahallas	local residential communities or neighborhoods
Rayons	Districts
Regions or Oblasts	Provinces. Larger administrative units consisting of districts Hokims Governors or administrators in Regions and Districts
Hokimiat	Regional or District Administration
Vodocanal	National water distribution organization
<i>Maslahatchi</i>	female community employee working as Family Adviser
<i>Otincha</i>	female community leader running traditional female rites and sermons
Patronage medical nurse	mobile nurse visiting households
<i>Gap</i> –	(talk in <i>Uzbek/Tajik</i> ) = male, female or occupational informal union that meets rotationally in house of a member once in a month to have a joint feast. Often used to safe money collected by house owner from other members.
<i>Fukarolar igini</i>	village council
<i>kishlak</i>	village

## Methodology

Research was conducted using interview and observation methods. In total 20 interviews were taken (about villages 8). Observation method was applied during visits to water systems. Besides, evaluators interviewed partners from international (UNDP, ADB, WB) and national (National Institute of Health and Statistic (NIHS), UZKOMUNALHIZMAT) organizations.

## **1. Findings**

### **1.1. Construction of Water Supply System.**

All respondents were very grateful that their villages were included to the RWSSP. Description of the situation with drinking water before the construction work started is almost similar everywhere. There were two types of access to water. The first is access to water sources located within a radius of 2 kilometers. The second is delivery of water by vendors from far sources and payment for the delivery. Because of long distances to the water source people had to lose much time. And there were long lines to the source of water.

The quality of the previously available water was evaluated as bad. As a result of it there was high rate of infectious disease.

During review some households' members, both men, and women were interrogated about advantage of the project at a family level. All respondents noted that advantage and benefit received entire family, especially women and children. Traditionally it's a duty of women and children to provide family with water. Spending less time for household problems improves microclimate in family as well as health of children. It means that expenses on medicines and medical services were cut down.

Community understands that there are some situations when family can't pay the full sum for water. In this case community assumes entire responsibility and solves the problem. This help is provided to poor families and single mothers. In such cases Water Committee addresses to farmers, Hokimiyat or social welfare provided to poor families. This support provides sustainability of the project in the future.

### **1.2. Usage of gender approach in project activity.**

Promoting gender equality in the activities of the project will guarantee a project planning, implementation, and evaluation, which leads to an effective improvement of the situation of all male and female stakeholders.

One of the principal goals of the project is women involvement into its activity. The RWSSP has achieved some accomplishments in gender mainstreaming during implementation of its activity. Gender know-how has been among the criteria for selection of staff, trainers, and village partners of the project.

Generally, to set gender balance in the decision-making process, in the social mobilization process, the project staff pays great attention to involvement of women into the project. This approach significantly extends the female part. However, gender balance, while being promoted during training sessions is less evident in the time of social mobilization. Difference in gender

representation became apparent after evaluators perused lists of trainees and participants in time of social mobilization.

One of the most specific goals in the social mobilization process is considered involvement of women into the decision-making and their active part in informing and communicating project messages. In the Ferghana Valley where project works for many years awareness of the population of activities of the project was reached on the final stage of the project. In Syrdarya oblast women are not involved to the project even in those places where repair works has already started. Reason of this situation is evidently in male leadership of the project. Males bear sole responsibility of the project and due to existing traditions cannot involve females into the work. Therefore, it would be advisable to use women as social mobilizers and in addition select them from the staff of the project. They will be able to easily work in village and find and involve active women from among school directors, directors of kindergartens, teachers, *maslahatchi*, *otincha*, etc.

One of the components of the project is establishment of DWO that is meant to bear full responsibility for access to the drinking water and its quality. There is again certain gender inequality. Heads of such organizations are mainly males, while other members such as payment collectors or cashiers are mainly women. In the field we met only one female director. As for gender balance data obtained from villages of Ferghana and Andijan oblasts concerning personnel of DWO demonstrate that 50% of them are females. Thus, we can state that there is certain equality in gender representation in the personnel of DWO.

If a woman is a head of DWO, other members are females too, except plumber. In this case the female part of village population becomes more active. Even having not very high salaries all interviewed members of DWO work with great enthusiasm. They don't avoid innovations and examined cases clearly show how successful can become Project when women are involved.

Through their involvement in project activities women and young women feel more confident about their roles and contributions in society; some positive changes have been noticed in decision making within the family.

In the process of evaluation research team did not manage to receive gender disaggregated data of all types of activity. Although there are lists of all involved in the project staff of the project did not yet process the in the computers and did not make computations.

As mentioned above gender needs were taken into consideration in the implementation of the project. However, it is advised also to address these needs during monitoring. It would help staff in both tactical and strategic planning and making needed changes for the sake of successful fulfillment of the tasks through equal management of the project.

### ***Recommendations***

- There must be gender disaggregated statistics.
- In the social mobilization both women and men must be involved as members of the team.
- Project should stimulate women to the full participation in the management of the project.

- Not only Needs of women should be taken into the consideration. Needs of men should be answered too.
- Benefits from the project received by population should be analyzed from the gender perspective, i.e. what kind of benefits were received by males and what benefits were received by females?

### 1.3 Training. Sanitation and Hygiene.

Knowledge of Sanitation and Hygiene were provided mainly through trainings and conducting periodical campaigns such as "Hand washing day". The model of cascade training was used widely to implement санитарию и гигиену approach in the selected communities. Coordinators worked at *kishlak* level firstly, and then with 2 trainers from a *kishlak* at a regional level. The further training was conducted by local trainers at schools basically. However, there is a need to maintain more detailed monitoring of training provided by local trainers and involve more new forces.

Training of trainers was done stage-by-stage has high quality with use of interactive methods involving everyone in educational process.

Project in cooperation with National Institute of Health and Medical Statistics has developed Manual The Formation of a healthy lifestyle and promotion of hygiene and public sanitation. It was incorporated in the curriculum of trainings for in-service physicians' professional development. Training takes part monthly in Tashkent. Profiles of participants are: doctors of health centers, rural health units (SVP) and family health centers. Every participant have received "Manual" on Hygiene and Sanitation, which was printed out in 1500 copies and was prepared and approved in cooperation of Ministry of Health of Uzbekistan, Republican Centre of Health and Medical Statistics.

Hand washing campaign was organized and celebrated throughout the country on October 15. National Institute of Health and Medical Statistics was responsible on organizing and monitoring. The program of campaign was developed by RWSSP and distributed to regional branches of Institute of Health and Medical Statistics whole of the country through the order of National Institute of Health and Medical Statistics During a year 9400 banners on the theme "How to wash your hands" were distributed throughout the country public schools.

Local trainers also received said Manual and entire set of handouts that include banners and posters. According to a representative of NIHS in the past in the school curriculum were such disciplines as Healthy Lifestyle, and Healthy Generation that would provide knowledge on Sanitation and Hygiene. In the meantime, they are included into school curriculum as extracurricular additional and club courses. According to the director of school (Syrdarya oblast) the change has taken place due to overload of school curriculum.

In the course of fieldwork evaluators visited schools and found out that in pilot oblasts there are posters in the schools. There are places equipped to wash hands as it was recommended by the staff of the project. However, toilets in the schools are in very poor sanitation state.

Observation of households showed that not everybody follows sanitary recommendations provided in the trainings. Although one of the achievements after drinking water became

accessible on the household level is the construction of bathing facilities. According to the director of one of the DWO about 10% of households have baths. Before launch of the project people would use public bathhouses. Of course, in case there were such facilities in the village.

### ***Recommendations.***

- Personnel of the project should provide separate trainings to the trainers of pilot villages including teachers, nurses (personnel) of kindergartens, *maslahatchi*, and patronage medical nurses. Groups should target this particular level and should not be large (15-20 persons), because training materials would be easier accessible and comprehensible by those who work in the pilot village.
- Monitoring of effect of the training should be done through household surveys.

### **1.4 Materials.**

Participants of training received module copies and visual materials. Since the quantity of materials was sufficient only for future trainers, they used them only as a help material, not for distribution among colleagues. Materials of the training are in Uzbek language. However, their information is most understandable to medical practitioners. Besides, most of the Manual contents information about what trainer should be like. Compared to it its much smaller part is devoted to the sanitation and hygiene. Information of the Manual can be easily comprehended in 3 days of training. Observation and interview with medical practitioners that did not participate in the training revealed their weak grasp of the contents they should provide to the patients. Usage of interactive methods has helped trainers to communicate with students better. Teachers and medical personnel possessed the information on the specialty, but they needed more knowledge on interactive training methods. Most trainers have noted necessity of repeated trainings to improve their skills.

Some respondents told about necessity to distribute visuals widely, as visual information has bigger impact than auditory perception. Small prospectuses on sanitary and hygiene are available in households placed in an exposed place of the house that makes them accessible to all household members.

### ***Recommendation***

- Manual *The Formation of a healthy lifestyle and promotion of hygiene and public sanitation* needs further adaptation to the goals and tasks of promotion knowledge about Sanitation and Hygiene and its practices.
- Project needs to pay attention to the development of a brochure containing simple rules of Hygiene and Sanitation for the household use.

### **1.5. Monitoring – Baseline.**

Program of trainings includes training of local trainers to methods of monitoring. Answer to the question *which method of monitoring they teach* was Observation. Report of Monitoring

represents transcripts of focus group discussions without any analysis of data. Similar response was obtained concerning Baseline Survey reports. All questionnaires concerning water sources, most frequent disease, sanitation and hygiene contain open questions and are not coded. Data was collected in many villages. However, they were not computed, processed, and analyzed. There is no data analysis in the report format either for Monitoring or for Baseline Survey. Due to the lack of needed skills there are also issues with gender analysis.

The objective of current research was not only obtaining information, but also use of results for the further evaluation of changes. Such research is necessary for progress measurement during the project implementation. It is necessary to use questionnaires of the Baseline Survey in carrying out the monitoring.

### ***Recommendation.***

- Training for both staff of project and DWO on methods and skills of Monitoring and Baseline Survey is needed.
- Said training should also include Gender analysis of project activity.

### **1.6 Sustainability of DWO. Involvement of Partners.**

Many DWO are registered as NGO. They have office and staff. Depending to the number of served villages personnel varies from 5 - 20 persons. Budget depends on size of population served. According to the testimonies of many directors of DWO payment collection is always in time and people never refuse to pay even though tariffs are higher than those collected by the state. Links between DWOs are well-established. They gather once a month either in the office of the project or for traditional *Gap* to discuss issues and obtain friendly consultations from each other and support. At the same time in the discussion that more than 20 directors from Ferghana and Namangan oblast took part they mentioned that they are not so strong yet to manage entire activities all by themselves. Main reason for the hesitations they name relationships with *UZKOMUNALHIZMAT*, or namely, local oblast water distributor (*vodocanal*).

At the same time, they do not understand who will receive project's facilities after end of project. They still need technical support of the project as well. The issue remained unresolved even after interview with *UZKOMUNALHIZMAT* who also failed to answer posed questions.

The extensive interaction with the project teams and the great number of village consultations provided an excellent insight into the operational levels of the projects. However, the limited access to regional and national level authorities, did not allow the mission team to get sufficient insight into and understanding of the institutional and legal aspects of the sector.

### ***Recommendations***

- It is necessary contacts and relationships with relevant ministries and agencies must be established and a meaningful policy dialogue initiated.
- Better cooperation and collaboration should be established. In addition, SDC and the project should actively participate in the working group for the finalisation of the Strategy 2020 and take part in the proposed platform/cell to coordinate all activities in the rural water sector.

- District and regional *Hokimiats* should be involved in all relevant steps of planning and implementation of the project.

#### **List of the Reviewed Documents**

1. Second Semi-Annual report of Activities and Finance (January 1, 2006-October 31,2006)
2. Rural Water Supply and Sanitation Project Phase II (RWSSP). *Andijan* and *Fergana* Provinces of Uzbekistan.
3. Rural Water Supply and Sanitation Project (RWSSP) Project Document Phase IV (Jan.2013 – Dec. 2016).
4. Rural Water Supply and Sanitation CENTRAL ASIA REPORT OF ACTIVITIES. (January 1, 2014–December 31, 2014)
5. Rural Water Supply and Sanitation CENTRAL ASIA REPORT OF ACTIVITIES. (January 1, 2014–December 31, 2015).
6. Rural Water Supply and Sanitation CENTRAL ASIA REPORT OF ACTIVITIES. (January 1, 2014–December 31, 2016).
7. CIS Gender Monitoring Matrix
8. “Manual” on Hygiene and Sanitation.
9. PHAST (plan of training).



## Annex 4

### Terms of References

Contract no. 81052567 (A Mandate)

External Review

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#### Goal and Content of the Mandate

##### 1.1. Introduction and Background

In rural areas of Central Asia, the population has a limited access to safe drinking water and adequate sanitation. Thus, water-borne and hygiene-related diseases are a public health threat, in particular for infants and children below the age of five. This situation results from the fact that there are either no drinking water supply systems or the existing systems are hardly functioning and in strong need of rehabilitation. Moreover, the authorities have been unable to achieve full coverage of the rural population, harder to reach when under centralised management of the water supply. In this context, despite planned capital investments from the government, there has been and still is a need for further improvement of safe drinking water supply in the rural areas through attraction of investments from donor countries. There is also a strong need for an improved management of those water systems.

The beginning of the Swiss intervention in the rural water supply sector in Uzbekistan dates back to 1998. By 2003, the Swiss Agency for Development and Cooperation (SDC) launched a first project of the Rural Water and Sanitation project (RWSS), based on the approach of community-based management of water supply systems developed by the International Secretariat for Water (ISW, Canada). Started in the Ferghana and Andijan provinces of Uzbekistan, it was later spread to other provinces and extended across the border to Tajikistan for a regional outreach, through successive phases. By the end of 2016, currently in the 4<sup>th</sup> phase of the regional RWSS (RRWSS) project, a total of 26 water supply systems have been set up in Uzbekistan, providing drinking water for over 130'000 people.

The Project promotes decentralized management of rural water supply and hygiene at village level, complemented by dialogue on issues of drinking water supply at all levels of the government. The Project includes :

- (i) at village level: infrastructure development, capacity building of Drinking Water Organisations (DWOs), and hygiene promotion in order to enhance the effectiveness and impact of the intervention;
- (ii) at regional level: identification and strengthening of a mechanism that will allow the replication of the project approach beyond the lifetime of the project;
- (iii) at national level: lobbying in the water supply sector to provide an enabling legislative and regulatory environment allowing for the recognition and replication of the project approach country-wide, and to obtain buy-in and support from other financing agencies wherever possible.

Over the four phases, the focus of the activities has evolved: from an initial pilot project in the Ferghana Valley, the success of the intervention has stimulated a horizontal expansion of the approach to neighbouring provinces in Uzbekistan, and across the border into the Tajik part of the Ferghana Valley. The project has then aimed at obtaining a critical mass, both in terms of quantity of villages and diversity of set-ups, to prove the viability and efficiency of such an approach for a results-based policy dialogue with the government.

The present external review will only concern the evaluation of the activities led in Uzbekistan. Additionally, the RRWSS project has mostly been focusing on the issue of governance of water supply, much less on sanitation – only the hygiene component has been seriously targeted, as a complementary component to safe, accessible and affordable water supply.

## 1.2. Purpose, objectives and scope of the review

This external review has three main objectives:

1. Review activities and results of the RRWSSP over the Phase IV (2013 – 2018) ;
2. Review the impact of the project over its whole life-cycle (2007 – 2018) and the Swiss position in regard to the water supply and sanitation sector in Uzbekistan ;
3. Evaluate the planned activities and provide recommendations for the remaining year, including in terms of sustainability of the interventions, the policy dialogue approach, and the Exit strategy.

The scope of services within the framework of this assignment will include the following components:

- **Relevance:** To appraise the consistency of the project objectives with the country's priorities, namely through a review of the country legal and institutional framework, and the coherence among other donors' interventions. To assess the coherence of the rural safe drinking water and sanitation programme within the Results Framework of the previous Cooperation Strategy 2012 – 2016 and the new Cooperation Strategy 2017 - 2020.
- **Efficiency:** To assess in terms of organisational set-up and procedures, the efficiency of cost-recovery mechanisms introduced in the project. To assess the Government's involvement and ownership of the programme coordination and implementation. To provide recommendations on how to further strengthen coherence among the different Swiss projects (SDC/SECO) and further develop synergies with other donors and agencies working in the water supply and sanitation sphere, to conduct a more effective policy dialogue for policy development and a nation-wide scaling up of decentralised, (full) cost recovery systems.
- **Effectiveness:** To evaluate the achievement of results with a special emphasis on the community-based water supply management concept (social mobilisation, establishment and capacity building of newly created water associations, their responsiveness to the general regulatory framework, degree of social inclusion - Right to Water<sup>1</sup>), the technical realisations, and the uptake of improved hygiene practices and water/sanitation uses promoted by the project.
- **Impact:** in particular with regard to the stakeholders at grass-root level (improvement of livelihood, inclusiveness, good governance, the population behaviour change) and at institutional level (ownership of model, support from authorities).
- **Sustainability:** in terms of financial and managerial capacities of the drinking water organisations set up, of availability and access to technical support and know-how (spare parts and maintenance, but also managerial and sanitation specific competences), of ownership by water management bodies and beneficiaries, and of institutional support. To provide recommendations on how to further strengthen the sustainability of the intervention.

Additionally, will be considered:

- the upscaling achievements of the Phase III,
- the uptake of the recommendations of the Phase III External Review (2012),

In the current context of the phasing out of the project to focus on the regional level, in line with the new Central Asia Cooperation Strategy 2017 – 2020, it will be necessary to further consider:

- lessons learned and suggestions for capitalisation ;
- potential risks of the closing of the project, for the sustainability of the interventions;
- recommendations for further activities if a new project in WSS were envisioned ;
- relationship with the authorities (local and national) with regard to the Swiss presence in the sector.

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<sup>1</sup> Water supply and sanitation must respect the principles of **affordability**, **accessibility**, and **acceptability**, in **safe** and **sufficient** amount for personal and domestic use.

### 1.3. Key Questions

The questions which will be answered during the mission (non-exhaustive guidance list) are :

#### ➤ **General :**

- What are the major challenges in addressing drinking water supply and hygiene and sanitation issues in Uzbekistan,? how does the project address these challenges
- What are the gaps which should be addressed in priority?
- Are promoters of and obstacles to changes identified? How are they integrated in the programme or are the mitigation measures successful?
- Has the project made substantial progress towards reaching the objectives?
- How can the project approach be optimised in order to achieve better results? effectiveness of the project
- Is the monitoring and evaluation system of the project structured and comprehensive?
- Is capacity building of local authorities undertaken? How, and how sustainably?
- Did the project apply principles such as Do no harm, Conflict sensitive programme management, social inclusion (for the latter, how is access to water for very poor people guaranteed) ?
- Are there good practices, in all aspects above, which should / could be documented and communicated at national or international level? and among SDC/SECO offices in the region (peer learning)
- Are opportunities of cooperation and collaboration with other projects and other donors sufficiently sought and exploited?
- Is an Exit strategy properly thought through, including considerations of handover of the whole equipment and water systems?
- Is the Umbrella Association established as planned, and relevant to the sector?
- Is a knowledge and experience transfer mechanism thought and prepared for implementation? Who are the partners for this process?

#### ➤ **Policy Dialogue:**

- Is the way the project advocates and addresses critical issues of water supply at all the different levels (policy dialogue, capacity building and services) sufficient?
- How can the policy dialogue component of the project be strengthened?
- Which role should the project and SCO play in the policy dialogue?

#### ➤ **Water supply :**

- Is the quality of the technical solutions adequate and sustainable (including quality of materials used, quality of execution of WASH infrastructure, sustainability and protection of water source), and in line with standards and norms?
- Is the distributed water corresponding to WHO quality norms? Is it disinfected and is the disinfection system sustainable? Are the water quality control mechanism in place, performing and sustainable ?
- Is O&M correctly applied? Is it sustainable, in particular with regards to tariffs, billing systems and management set-up ?
- Is the ownership of the systems guaranteed? How is the issue of ownership/property of the water systems reflected in the national legislation? Are the property assets (property of water sources, property of terrains for infrastructure and pipe crossing) registered?
- How are the new drinking water supply systems utilised by beneficiaries?
- Are the approaches and know-how applicable for sustainable community-based rural water supply systems?
- Do we have appropriate local (state and non-state) partners and collaborators? Can they ensure the sustainable implementation of the approach and Operation & Management? What are the accountability mechanism and are they effective ?
- Are the implementation mechanisms / approaches effective?

- Are the roles and needs of communities and village organization relevant and taken into account?
- How is the local government involved in the project? Vodokanal ?
- Have the project interventions contributed to behaviour changes, scale-up of the systems? Are the existing systems adapted to respond to demographic growth ?
- Is the knowledge of the right to water addressed at all levels?

➤ **Hygiene and sanitation:**

- To what extent do the hygiene interventions contribute to improving people's health and to creating a healthier environment?
- How efficient and effective is the introduced approach to hygiene promotion? Where are additional entry points for hygiene promotion? Is the approach appropriate and culturally-sensitive?
- Has the intervention contributed to a behavioural change among the population as regards hygiene and sanitation practices?
- To what extent has the intervention contributed to a scaling up of the approach in hygiene and sanitation promotion at national level?
- To what extent are compiled best practices and lessons learnt in hygiene and sanitation promotion systematized and capitalized?

➤ **Crosscutting issues**

- Are good governance principles promoted at all levels?
- Is gender integrated at design and implementation level? Is women participation in water management promoted and effective?
- Does the project contribute to economic development (e.g. small-scale businesses) ?
- How strong are social aspects taken into account?
- How strong is DRR integrated into the project cycle?

#### **1.4. Methodology and Deliverables**

The review team will have to acquire a preliminary desk knowledge of the Swiss programme and RWSS project by reviewing background documents related to the water supply and sanitation sub-sectors in Uzbekistan and the Swiss policies and activities in this sector. The list of these documents is presented in Chapter 7.

During the review mission in Uzbekistan, the main approach will be:

- Interviews with major stakeholders in Tashkent (SCO, ministerial partners, implementing partners, relevant ministry officials, other representatives in particular WB and ADB);
- Visits to selected villages in both Ferghana and Syrdarya provinces (exact number to be defined by team and SCO), with interviews and group discussions with beneficiaries and local stakeholders;
- Debriefing with SCO / Presentation of preliminary results and recommendations to SCO, implementing partner and main stakeholders

A draft report (electronic) in English language shall be submitted to SDC HQ and Swiss Cooperation Office in Tashkent within two weeks after return from the mission. The revised final report is expected two weeks after SDC/SCO staff has commented the draft (3 hard copies, 1 soft copy).

##### Report outline

The report shall be introduced by an executive summary. Its main body will start with a description of the method used and will be structured in accordance with the present ToRs. Based on the review assessment and findings, the review team shall draw conclusions and lessons learnt, as well as make recommendations and present them in order of priority.

The Report should not exceed more than 15 pages, plus annexes.

The detailed hourly reports are to be enclosed with the financial account (SDC Time Sheet template attached).

### 1.5. Review team

It is expected to mobilise a team of 2 experts that combines: 1 senior international and 1 Uzbek local expert in the following domains:

- Team Leader (international) TL :
  - Professional skills and prior working experience in monitoring and evaluations of development projects – with SDC an advantage ;
  - Knowledge of sustainable development and cooperation in transition context, in particular in regards to project management and capitalization of experiences ;
  - Knowledge of and working experience in the sphere of rural water supply and water sector reforms – prior experience in Eurasia (e.g. CIS countries), Central Asia or Uzbekistan an advantage ;
  - Knowledge of and working experience in organizational and institutional development, networks, and effective cooperation between government and civil society organizations ;
  - Excellent oral and written knowledge of English; knowledge of Russian or Uzbek an added advantage.
- National Consultant (Uzbekistan) (organised by the SCO Tashkent) NC :
  - General expertise in rural water supply systems and services, water sector reforms, social mobilisation, community-based structures and mechanisms, governmental bodies and gender (assessment of Hygiene, Sanitation and gender aspects).
  - Prior experience as an expert in monitoring and/or evaluation of water projects from international donors / financial institutions.
  - Very good oral and written knowledge of English, Uzbek and Russian.
  - He/she should be external to the Swiss-funded project and SCO.

#### Time allocation:

The following total time allocation is suggested for the consultants :

- preparation: 3 days TL, 2 days NC
- travel: 2 days TL
- field work: 6 days TL, 5 days NC
- report writing: 3 days TL, 3 days NC

### 1.6. Logistics

The SCO Tashkent shall support the international consultant in his/her travel arrangements, if required (visa, flight tickets, etc.). The SCO shall also organize the field mission of the review team and provide the logistic support, including setting up the meetings with the various stakeholders in Tashkent and in the field.

Date: ..... Signature: .....

## Illustration of Selected Project Visits

### Obodon Village (Pop. 3,500), Chust District – Phase IV

#### 1. Primary School



Toilet about 300 m from school building



Broken handwashing device – no water no soap



Inside toilet

## Illustration of Selected Project Visits

### Obodon Village (Pop. 3,500), Chust District – Phase IV

#### 2. Kindergarten



Latrine hole – dangerously big for small children



Only outdoor water supply



## Illustration of Selected Project Visits

### Sokhilobot, Gulistan District (pop. 4670) – Phase IV

Borehole for village water supply – in the center of village, surrounded by unsafe pit-latrines  
Reconsider location of borehole – source of water supply – alternative borehole at village periphery



Old reservoir tower – to be rebuilt



Old borehole pump-house – to be rebuilt



Inside of current pump-house and pump – to be rebuilt



Surrounding unsafe household latrines – in close proximity of borehole - potentially infiltrating



Nearby ~ 100m from borehole – unsafe school latrine - potentially infiltrating into groundwater

A



School handwashing device - no soap

## f Selected Project Visits



## Qr-Er-Uchariq (pop. 6,000) – Phase II

Disaster Risk Reduction (DRR) – Precaution

Water Reservoir Tower – Metal structure for flexibility (tremors / earthquakes) – tight to the ground with iron wires (protection against strong winds – in Ferghana flats)



Stabilizing iron wires



Street Stand-post

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## Qr-Er Uchariq – Informal Association of drinking Water Organizations (DWO) Meeting ('Plov' lunch)

