



Report on Improving the Care
System in the Republic of Uzbekistan:

**A Path to Economic Growth,
Poverty Reduction and Improved
Quality of Life**



Part I

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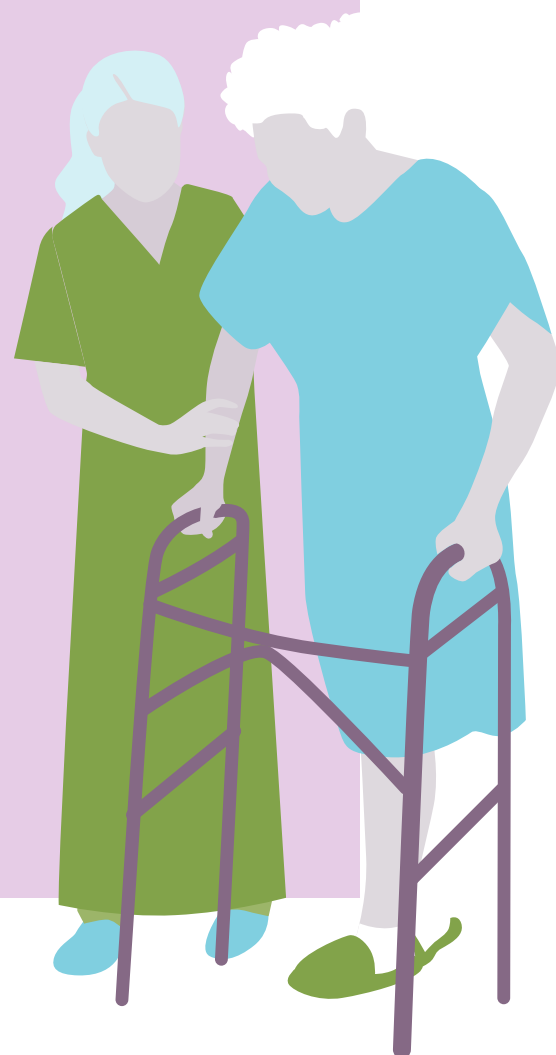
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Executive summary

This study serves as an overview of the current situation in the care economy in the Republic of Uzbekistan, provides an analysis of all available information on the care system in the country, conducted in-depth interviews with experts and the population in the regions; identifies strengths as well as gaps in the care system that prevent equal sharing of unpaid work within the household and decent employment for care providers.



The care economy is all types of paid and unpaid activities and relationships that develop to meet the physical, psychological, and emotional needs of adults, children, the elderly, young, people with disabilities, and physically healthy people in order to ensure their quality of life (ILO, 2022). It is an economy that prioritizes people and their quality of life.

Improving care systems plays a key role in promoting gender equality, expanding economic prospects for women, fighting against poverty, and boosting a country's economic development. Improving the care system is an economic issue relevant to all Central Asian countries, including Uzbekistan, influencing key economic indicators, poverty levels, incomes, employment and unemployment, economic growth, etc. Investments in the care sector can become part of overall employment policies, labor regulation, and the creation of favorable employment conditions.

The care crisis caused by the COVID-19 pandemic has disproportionately affected the female population around the world, as women are more reliant on social services and government support, primary caregivers, and other unpaid household workers, reducing their access to decent work.

This study analyzes the economy of care in Uzbekistan and the interaction of participants and stakeholders in the provision of care services and work. It examines both paid and unpaid care provided both in the home and care facility, by family members, businesses, and the government. The study focuses on care for children under three years of age and the elderly over 70 years of age, as this is the least studied but highly sought-after area of care in the country. The care system is divided into institutional care (including preschool education institutions, nursing homes, and daycare centers for the elderly), paid home care (nannies, caregivers), and unpaid care (family, friends, and close people).

Accelerating rates of population aging, high birth rates and the currently discussed increase in the retirement age in Uzbekistan will increase the demand for care services, the satisfaction of which will require increased public investment in care, increased institutionalization of services, infrastructure development, training and support for providers care. To reduce the predicted increase in pressure on the state budget and prevent the exacerbation of social problems in the country, it is essential to take immediate action to improve the care system.

Unpaid care work in the household is performed mainly by women, the intensity of which increases along with the increase in the number of children and elderly people in the family in need of care.

Care for children

Since 2017, the state has undertaken large-scale reforms to expand the institutionalization of childcare services for children over 3 years of age. However, additional measures are needed to develop institutional care for children under 3 years of age, as well as home-based child and elder care services, both unpaid and paid.

In recent years, the country has achieved an increase in preschool education enrollment rates. The increase in the number of preschool institutions was mainly due to the opening of family preschool organizations with a small contingent (8–12 pupils). In 2022, only 151,300 children made up the contingent in non-state preschools out of 1,455,800 children in preschools in general, which is 9%, while the share of non-state preschools in 2023 was 78% of the total number of preschools.

Low levels of funding and quality of care services are a serious gap in the childcare system. The lack of uniform quality assurance standards, an independent system for assessing the quality of work of preschool organizations, as well as the lack of a licensing procedure and low requirements for family kindergartens, and, consequently, their insufficient control by the state and the public, have created conditions for a low level of services provided in this area.

Uzbekistan has made significant progress with parental leave and childcare services, including long-term leave of up to 2 years, paid parental leave, state coverage of maternity benefits, the removal of this burden from employers of non-governmental organizations, breaks for breastfeeding for two years, compulsory universal free pre-school education starting at age 6.

However, there are still **gaps in the childcare system** (*more details APPENDIX 1. Gaps in legislation on the reduction and redistribution of unpaid work*):

- benefits and maternity leave are available only to officially employed people and do not apply to self-employed and informally employed women, who make up almost half of all employed women;
- child care benefits until the child reaches 2 years of age are guaranteed only for low-income people, and benefits for officially employed people are paid by the employer (except public organizations); benefits are insufficient to provide adequate care;
- the duration of parental leave separately for fathers, the “father quota”, is not defined in national legislation, and protection from dismissal is defined only for the mother;
- the official age for enrollment in preschool organizations is set at 3 years, and only in exceptional cases from 2 years, but there is a shortage of accessible kindergartens;

- There is a gap in childcare policy of 4 years between the end of paid two years of parental leave and mandatory universal free preschool education starting at age 6. The opportunity to enroll a child in a quality kindergarten from the age of 2 is not available to everyone due to the lack of preschool organizations and low household incomes;
- a serious gap has been identified for families with children aged 2 to 3 years when families do not have the opportunity to enroll their child in kindergarten and no longer receive childcare benefits;
- lack/inaccessibility of quality institutional care services, especially for children under 3 years of age;
- low level of public investment in subsidiaries;
- shortage of state educational institutions and the low level of qualifications of teachers of non-state educational institutions, low level of remuneration for their labor;
- insufficient amounts of childcare/maternity benefits to ensure decent care;
- uneven distribution of unpaid care within the household.

Caring for the elderly

Caring for the elderly, according to the Family Code of the Republic of Uzbekistan, is the responsibility of the family and children, which is undoubtedly an advantage of Uzbekistan. However, the main burden of care for the elderly falls on family members and is most often filled by women's unpaid care within the family, which hinders the economic growth of the majority of the population. It would be worthwhile to reinforce national traditions with government support for caregivers to help them provide decent care for the elderly.

In Uzbekistan, significant reforms have been undertaken in recent years to improve the social protection system, the National Strategy for Social Protection of the Population for the period 2022-2030 has been adopted, the National Social Protection Agency has been created, and a draft Government resolution has been prepared, in which the system of providing social assistance to single people and people living alone has been completely revised the elderly and people with disabilities who need external help.

However, according to the available information at the time of preparation of this analysis, social support is mainly available to persons from low-income families who are included in Unified Social Protection Register (USPR), "Iron book" or "Women's book"¹. At the

¹ «Iron book» is a database for registering, identifying, eliminating and monitoring the problems of families with difficult social conditions and living conditions, as well as those under special focus by government bodies. «Women's book» - information on identifying, eliminating and monitoring the problems of unemployed women who have a need and desire for social, economic, legal, psychological support, knowledge and professional learning base.

same time, there are administrative difficulties when including in these databases, as well as the risks of automatic exclusion from them after employment, even temporary, which creates obstacles to official employment.

There is no long-term care system for the elderly in the country. The entire burden falls on family members. Low-income families cannot pay for private services. Long-term care providers need government support (financial support, training in providing quality care, elder care leave, etc.).

Providing long-term care should become the responsibility of the state, through providing families with access to quality government social services, providing social workers, covering the costs of long-term care from social insurance, and paying compensation to service providers for lost work. The creation of daycare centers for the elderly could be one of the first stages in solving this problem.

Gaps in the elderly care system:

- lack/inaccessibility of institutional care services: only 1% of pensioners live in care facilities and receive services from social workers at home; only 0.2% of the total number of pensioners are in elderly care homes;
- free public services mainly cover only those living alone and elderly people living alone;
- lack of a support system for family members involved in direct care for the elderly at home, both in monetary terms and in the form of services;
- underdeveloped institution of social workers, low coverage of those in need of care with the services of social workers, poor working conditions, low wages, predominance of informal care workers, only a few universities train social workers;
- lack of a long-term care system, long-term care insurance;
- underdeveloped system for providing daycare services for older people;
- the period of caring for the elderly who need outside help, as well as those who have reached 80 years of age, is included in the length of service, but the enforcement mechanism is complicated by bureaucratic procedures to prove the period of care;
- low level of public investment in the elderly care sector;
- uneven distribution of unpaid care within the household.

Identified gaps in the care system are covered by unpaid care, perpetuating gender inequality in the family, in the labor market, and in society, which negatively affects family well-being and hinders the country's economic growth.

Given the significant number of informally employed women carers in the country, it makes sense to take early steps to provide them with social support, training, and the development of quality care skills. The lack of pension savings among informal workers represents a potential burden on the public social security and pension systems in the future. Consequently, it is more beneficial to provide support to informal workers today, providing them with access to social guarantees, as well as creating conditions for the formalization of their work activities and professional growth.

To further study the care system in the country and identify effective measures to improve care, it is necessary to conduct a household survey to obtain additional data on the population's demand for care services, the distribution of responsibilities between household members, the real needs of persons and institutions providing primary care, about the decisions of household members regarding the choice of type of care. Thus, the second stage of the study will contribute to determining effective measures to ensure the quality of preschool education and quality care for the elderly, to determine the necessary amounts of funding for the care system, to develop effective programs for the development of preschool education and care for the elderly.

RECOMMENDATIONS

Recommendations for covering childcare gaps :

- Providing parental benefits and childcare benefits to all and increasing the amount of social benefits.
- Expanding coverage of early childhood education services, especially for children under 3 years of age.
- Introduction of uniform quality standards for subsidiaries and improvement of the quality of subsidiaries.
- Creation of a system of professional certified nannies; development of child care worker services to support socially vulnerable segments of society providing family care.
- Capacity building for preschool teachers, improving their working conditions.
- Establishing a legal framework to promote the fair distribution of unpaid work and care responsibilities within the family.

Recommendations for covering gaps in elderly care:

- Development of a support system for families caring for the elderly, including differentiated benefits and benefits that take into account family income, age and health status of the elderly, the number of dependent members in the family, daily expenses, and ensuring a decent standard of living.
- Development of the institution of social workers, increasing the coverage of the population in need of care with the services of social workers, improving the conditions and remuneration of their work.
- Increasing the number of social benefits for elderly people in need of care and expanding the existing home care system.
- Providing employers with unpaid/paid leave for up to a year to care for seriously ill elderly relatives while maintaining their jobs.
- Development of a long-term care system and creation of daycare centers for the elderly.
- Long-term care insurance to ensure income stability in old age.

Recommendations for covering gaps in care system: Increased public investment in the care sector.

- Optimization of procedures for including the population in the Unified Social Protection Register (USPR), "Iron Book" or "Women's Book".
- Support for carers, both unpaid and paid
- Improving the quality of care services, developing and implementing uniform standards of quality, control, and monitoring (accreditation/evaluation/audit).
- Defining national standards for social assistance, benefits adapted to the daily expenses of recipients, as well as the size and composition of the household.
- Improving the standard of living of the population and ensuring the availability of care services for low-income people and residents of rural areas.
- Developing awareness-raising programs to shift gender stereotypes in society, programs aimed at equal distribution of unpaid care in the household.
- Developing programs for the welfare of rural areas and overcoming inequalities in the context: of city/village and regions (regions)/Tashkent.
- Developing digital platforms to ensure more transparent and wider coverage of the population with care services and attracting service providers.

Formalization of informal employment in the care sector.

- Training informal care workers and placing them in formal work with the support of private sector employers, thereby increasing employment, reducing poverty, and reducing the number of people dependent on benefits.
- Creating tax incentives for informal workers to shift to formal work, which helps define and regulate the duties, responsibilities, and work practices of informal care workers.

Development of quality data on the care sector:

- Promoting a systematic data collection process to assess population demand for care services; the needs of individuals and organizations providing care and determining the quality of services provided.
- Conducting a household survey on time distribution by household members by international methodology.
- Developing high-quality comparable data on the main indicators of the development of educational institutions and ensuring open access to this data, to promote the assessment of services at the national and international levels.
- Conducting needs assessment of the population in designing development programs.

Market-based models of care services:

- Providing local executive bodies with information about available care providers to care recipients, allowing them to independently choose appropriate services.
- Transition to voucher financing of care providers, which will allow the population to choose quality services using vouchers on a “money follows the consumer” principle, thereby creating competition between institutions providing care services.
- Providing state support for socially oriented private and non-profit enterprises and creating a competitive market in the field of care; ensuring the investment attractiveness of care services and minimizing investment risks for the private sector; creating incentives to attract private capital to the care sector, favorable conditions for the development of private organizations (stable regulatory and institutional framework, tax and credit policies, government support).
- Ensuring control and evaluation of results, and accountability of non-state providers of care services to the state and society.

Table of contents

Acknowledgments	3
Executive summary	4
Introduction	14
Social aspects of care: demography, labor market, infrastructure	17
1. Child care system	25
1.1. Institutional care	26
Preschool organizations development history	26
Child care regulations	26
Preschool education coverage	31
PSE quality	35
Financing	37
1.2. Paid home care	39
1.3. Unpaid home care	41
2. Care for the elderly	45
2.1 Demographic characteristics of the elderly	46
2.2 Institutional care for elderly	47
2.3 Unpaid and paid care for the elderly	52
3. International experience in the development of the care system	56
3.1 Foreign experience in child care	57
3.2 Foreign experience in elderly care	60
3.3 Market-based models of care: international experience	66
4. Commercialization	72
5. Findings	78
6. Annex	79
References	82

Introduction

Policies aimed at improving the care system are an important part of promoting gender equality, women's economic empowerment, poverty eradication and economic growth of a country. Gender equality is enshrined in the UN Sustainable Development Goals (SDGs) and is a cross-cutting objective of all SDGs. This study is in line with SDG1 – «End poverty in all its forms everywhere», SDG 5 to achieve gender equality and empower all women and girls and the sub-goal (5.4) to recognize and value unpaid household work and care work through public service delivery, infrastructure policies and social protection; SDG 8 – «Promote inclusive and sustainable economic growth, employment and decent work for all» (SDG, 2015).

COVID 19 exacerbated social problems and demonstrated that the care crisis had a more negative impact primarily on women's socio-economic status, both in society and in the family, since they are more dependent on social services and state support, but at the same time they carry out the main burden of caring for loved ones in the family and this reduces access to decent work.



Care economy – it is all types of paid and unpaid activities and relationships that develop in order to meet the physical, psychological and emotional needs of adults, children, the elderly, young, people with disabilities and physically healthy people in order to ensure their quality of life. **It is an economy that prioritizes people and their quality of life.**

In the context of this study, we examine the care economy in the Republic of Uzbekistan, the relationships of all actors and stakeholders in the provision of care services and activities, paid and unpaid, provided at home and in organizations, by family members, businesses and the state. We focus on care for children under 3 years of age and the elderly over 70 years of age, as the least studied but the area of care most in demand in the country. In addition, the report attempts to structure and divide the care system in Uzbekistan into **institutional care** (including preschools, nursing homes, day care centers for the elderly), **paid home care** (nannies, caregivers), and **unpaid family care**.

Improving the care system is a pressing issue for all Central Asian countries, including Uzbekistan. This is an economic problem that affects key economic indicators such as the level of monetary poverty and incomes, employment and unemployment, balanced economic growth, etc. Each new public pre-school institution creates about 23 new jobs for women, while similar private childcare institution create about 5 new jobs. Overall, the expansion of pre-school education in Uzbekistan probably contributed to the creation of at least 72,000 new jobs for women in 2023. (*WB, Gender Assessment, 2023*). As a result, investing in care could serve as a part of an overall employment policy, formalizing work, and generating decent work.

With the acceleration of population ageing and the high birth rate in Uzbekistan, the demand for care services is also expected to increase. Meeting this demand will require significant investment in the care economy, infrastructure development and training. **To mitigate anticipated fiscal pressures and social tensions in the country, it is necessary to develop measures to improve the care system now.**

The New Uzbekistan Development Strategy for 2022–2026 and the Uzbekistan–2030 Strategy have prioritized State policy to strengthen social protection for citizens, reduce poverty, provide the population with jobs and a guaranteed source of income, qualified medical and educational services, decent living conditions, and expand access to high-quality preschool education (*PD-60*). The implementation of activities in these priority areas helps to accelerate reforms in the field of care in the country.

This study was conducted within the framework of the project “Addressing socio-economic inequalities in a time of global and regional instabilities”, a joint initiative of the government of the Republic of Uzbekistan and UNDP, which aims to promote inclusive,

sustainable economic growth and reduce regional inequalities by improving the capacity of public institutions and private enterprises to design and implement innovative policies for the development of a care economy, aimed at improving the quality of care in Uzbekistan. This study aims to analyze the available evidence on care provision in Uzbekistan, to highlight key and critical points in the current situation, and to put forward a number of recommendations for improving the care economy.

Social aspects of care: demography, labor market, infrastructure

Demography

The care economy includes all activities undertaken to maintain the quality of life of the population. It is the relationship that develops in society and the family about meeting the needs of persons in need of care to ensure their well-being.

Among the five countries of Central Asia, the Republic of Uzbekistan is the most populous with 37 million people (*UZSTAT, Demography, 2023*), which is more than half the population of the entire region. In addition, Uzbekistan is characterized by the highest fertility rate among the CIS countries – the total fertility rate (number of births per 1,000 inhabitants) was 26.2 in 2022, with a total population growth of 932.217 over the same period. The



population over 60 years of age accounted for 9.1% of the total population. The average life expectancy in Uzbekistan for men was 72.1 years and 76.6 for women. The total fertility rate in 2022 was 3.308 per woman (UZSTAT, 2023).

Preschool children and the elderly, including those with special needs, are the main consumers of care economy services. The age demographic structure of the country shows that the combined share of the population from 0 to 9 years old and from 60 years old and over is around one third of the country's population (30.3%) (UZSTAT, Demography, 2023). These indicators tend to increase (Fig.1), so the demand for care services will increase accordingly.

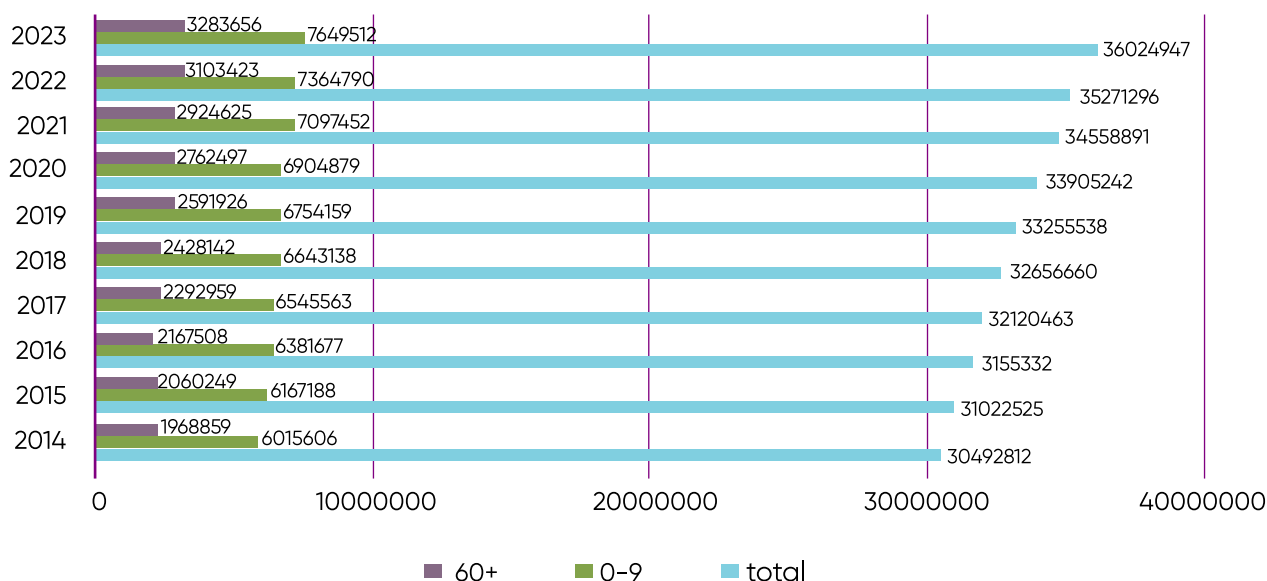


Figure 1. Ratio of people aged 0-9 years and 60+ years to the total population
Source: based on UZSTAT 2023 data

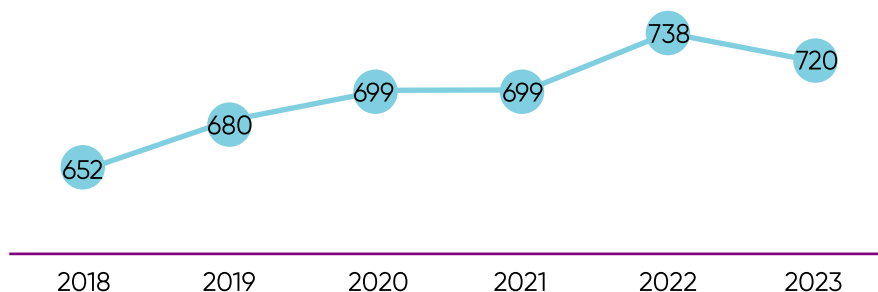


Fig 2. Demographic load coefficient (1,000 people of working age per year, people)
Source: based on UZSTAT data, 2023

The Statistics Agency under the President of the Republic of Uzbekistan defines the demographic dependency ratio (*Fig. 2.*) as the ratio of the number of persons below working age (up to 15 years) and older (women – 55, men – 60) to 1,000 people of working age (women 16–54, men 16–59) (*UZSTAT, Demographic situation in Uzbekistan, 2023*). The dynamics of the demographic dependency ratio in Uzbekistan shows a steady increase from 652 in 2018 to 720 in 2023 (per 1,000 people).

This indicator shows that if in 2018 each citizen of the country of working age financed 0.65 dependents, in 2023, 5 years later, this number amounted to 0.72. The higher the coefficient, the greater the economic burden in the country on social needs to care for the population in need due to their age. The lower the ratio, the more state budget funds are released for other needs of the state. At the same time, an efficient model of the care economy can help to further reduce the burden on the working age population.

Thus, we believe that accelerated growth of population ageing, high fertility in 2023 and in the short term (at least for the next few years) is likely to increase the demand for care services. This will require additional investment in building and developing supportive infrastructure and training care workers. **It is now necessary to decide how to reduce the projected burden on the State budget, improve the targeting of support and at the same time not to exacerbate problems in the care sector.**

Poverty

The New Uzbekistan Development Strategy until 2030 and the Development Strategy for 2022–2026 are built around halving poverty by 2026 (*WB CPF, 2022–2026*) and achieving upper-middle income status (\$4,000 per capita) by 2030. In 2022 Uzbekistan reduced the monetary poverty rate to 14% from 17% in 2021 (as measured by the national poverty line). The country's poverty rate is projected to decline marginally to 12% by 2023 (*CEIR, 2023*). The Gini coefficient (a measure of overall economic inequality and equitable income distribution) in 2021 was 0.330, the same as in 2003. According to the UN definition, such an index corresponds to adequate equality in a country.

Time that needs to be devoted to unpaid domestic work is higher in poor households because of the need to replace unaffordable services, products and goods. The inequitable distribution of unpaid care responsibilities among women, often compelling their withdrawal from the labor force, stems from the economic constraints of poor households. These households, unable to afford external care services, further exacerbate the situation due to prevailing gender norms, mandating women as the primary caregivers. Consequently, this phenomenon not only perpetuates the cycle of poverty but also adversely affects economically disadvantaged households, as the absence of women from the workforce deprives these households of additional income.

Rural poverty, calculated as the proportion of the country's population living below the official poverty line, was 14.1% (rural areas) and 11.9% (urban areas) in 2022 (*UZSTAT,*

2023). Currently, with the support of UNDP, multidimensional poverty studies are being conducted in Uzbekistan, including the collection of gender-disaggregated data.

It is imperative to recognize that societal norms and structural inequalities place women in situations where they encounter heightened difficulties. The prevalence of unpaid care responsibilities, coupled with engaging in precarious and temporary employment under unfavorable conditions, contributes to the increased vulnerability of women. The apparent burden on women is not an inherent responsibility but rather a consequence of societal expectations that often lead them to bear the primary role in unpaid care work, frequently forcing them out of the labor force. This situation is compounded by factors such as the need to care for households and relatives, sometimes resulting in the discontinuation of education. In effect, women's overrepresentation among those facing adversity is rooted in systemic issues, emphasizing the importance of addressing the factors perpetuating gender inequality.

According to the Household Budget Survey conducted annually by the Statistics Agency, more than half of the household expenditure structure (52.2% in 2022) in the country is food (UZSTAT, 2023). This pattern of household expenditure reflects low incomes; unfavorable living conditions for the majority of the population; and the great challenges in combating multidimensional poverty. **In this regard, it is essential to collect and use better open data comparable to international data**, which will contribute significantly to addressing multidimensional poverty and developing effective programs and policies in this area.

Labor market

There are gaps in the labor market for sustained income growth, mainly due to limited access to decent jobs for the majority of the population and an insufficient supply of decent jobs. Based on World Bank data, women's labor force participation rate (LFPR) in Uzbekistan (aged 15 and over) by 2022 was 40.01%, almost half men's participation rate of 73.34% (Fig. 3). Data from the Uzbekistan Statistics Agency on the participation of women and men in the labor force for the same year show a more positive picture with 66.9% and 80% respectively, which is probably due to a different method of calculation.

At the same time, it is imperative to draw attention to the interrelatedness between inactivity rates and women's participation in the labor force, as studies consistently demonstrate that the extent of women's engagement in the workforce is intricately shaped by their care and domestic responsibilities. This intricate relationship becomes particularly salient when considering the alarming disparity in unemployment rates between genders. According to the 2022 data, the unemployment rate for women was twice as high as that for men, standing at 13.4% for women compared to 5.4% for men (SDG, 2023). This stark contrast not only emphasizes the gender-based economic disparities but also underscores the prevailing reality that a substantial portion of working women is constrained by their

involvement in unpaid care responsibilities. The correlation between elevated unemployment rates for women and their disproportionate engagement in unpaid care work signals the need for comprehensive policies that address both economic and caregiving dimensions to foster gender equality in the workforce.

Urban unemployment is higher than rural unemployment. The gender pay gap between men and women in Uzbekistan is 34.0%. The proportion of women aged 15-25 who did not work, received no education or training (NEET) is much higher than that of men of the same age, 42% and 8.8% respectively (SDG, 2023).

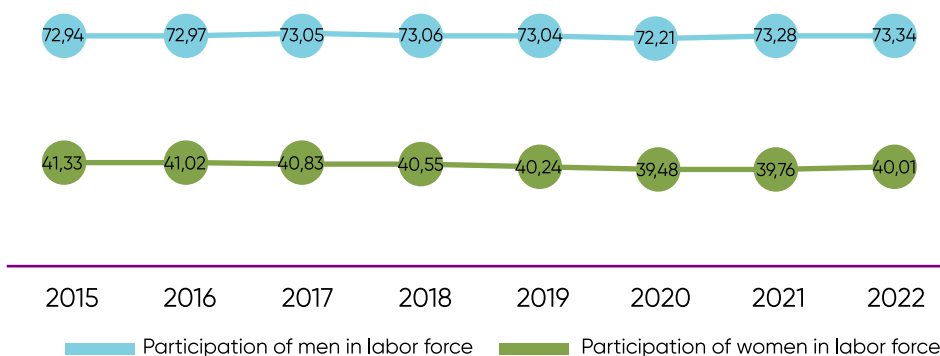


Figure 3. Labor force participation.

Source: based on World Bank data, <https://www.theglobaleconomy.com/Uzbekistan>

All these trends in the labor market have a greater negative impact on women, being linked to gender discrimination in the labor market, expressed in the gender wage gap, occupational segregation, feminization of low-paid professions and sectors of the economy. This dynamic not only reinforces gender-based wage disparities but also underscores the broader challenge of occupational segregation and the undervaluation of work traditionally associated with women. Recognizing the link between women’s concentration in services and agriculture in Uzbekistan and the broader feminization of low-paid sectors is crucial for understanding the systemic factors contributing to economic disparities and formulating targeted strategies to address gender-based inequities in the workforce. (WB, Gender Assessment Strategy, 2023).

The share of **self-employed** women among total employment amounted to 46.1% in 2022, for men this indicator was 33.6% (UZSTAT, 2023). The share of **informal**, employment among women was also higher, at 47.4% of total employment in 2022, while among men it was 34.0% (data are presented without small enterprises and microfirms) (SDG, 2023). That is, almost half of all employed women work informally and most often it is in care, education, health services and agriculture (seasonal work in rural areas, etc.). Informal employment of women is characterized by a lack of pension savings, limited access to social security, health insurance, maternity leave and other benefits on which women are more dependent. **Informal employment is insecure but might be more attractive to caregivers, primarily because it provides an opportunity to combine money-making work with domestic and care work.**

Caregivers living in rural areas remain the most vulnerable due to their limited access to public resources, health and education services, and water resources, including centralized water supply and drinking water (the latter is described in more detail in the “infrastructure” section).

SME

In 2018, 31% of small and medium-sized enterprises were led by women. By 2022, this figure had increased to over 40% (*WB, Gender Evaluation Strategy, 2023*). One of the factors contributing to the growing number of women entrepreneurs in the country has been the active support and assistance of the Mahalla¹ through subsidized lending for women entrepreneurship and the implementation of retraining programs specifically for women (*WB, Gender Evaluation Strategy, 2023*). In 2022, Uzbekistan was ranked 69th in the World Bank’s “Doing business” ranking among 190 countries in terms of favorable business environment (*Doing business, 2022*).

The representation of women in Uzbekistan in SME and individual entrepreneurship is more related to the fact that small business requires less start-up capital, less collateral, less documentation and fewer skills. But at the same time, it is also a less profitable business. It is still difficult for women to start and run medium and large businesses. Women are not perceived by men as reliable business partners because of prevailing gender stereotypes in society. Most importantly, **the heavy workload in the household, due to unequal distribution of time among household members, leaves limited to no time for either business or training.** This situation is exacerbated by limited access to quality care and public social services.

A transparent and efficient tax system, a healthy competitive environment and legal regulators that promote entrepreneurship can be key factors in supporting small business development and the transition to medium-sized businesses. Policies aimed at promoting gender equality and improving the care system in the country contribute to supporting the development of women’s entrepreneurship.

The Women, Business and Law Index for Uzbekistan: With the exception of 2020, Uzbekistan has consistently scored 70.6 cumulative points in the World Bank’s Women, Business and Law ranking since 2019 (*Table 1*). In general, Uzbekistan demonstrates equal legal opportunities in inheritance and property ownership, freedom of movement within the country, and entrepreneurship. According to this assessment, the country is lagging behind in terms of equality in payments, parenting opportunities, and work opportunities for women, which is also reflected in the women’s labor force participation rating.

However, not all significant reforms on the road to equality were taken into account in the various evaluations. For example, new legislation aimed at combating gender-based violence, ensuring equality in the workplace, equal pay, shifting the burden of paying maternity benefits from private sector employers to the state (introduced in the country’s new labor code) were not taken into account, and accordingly, Uzbekistan was downgraded.

¹ Mahalla- a socio-economic and territorially communal self-governing public institution in Uzbekistan

	free movement	work opportunities	payments	marriage	parenthood	entrepreneurship	resources	pensions	scores
2019	100	50	50	80	60	75	100	50	70.6
2020	100	50	50	80	60	75	100	25	67.5
2021	100	50	25	80	60	100	100	50	70.6
2022	100	50	25	80	60	100	100	50	70.6
2023	100	50	25	80	60	100	100	50	70.6

Table 1. Assessment of Women, Business and Law, Uzbekistan, World Bank

Infrastructure

The state of favorable infrastructure, or lack thereof (public utilities, transport, social, etc.) is important in analyzing the economic situation of population. Systems of water supply, heat and gas supply, electricity, roads, sewerage – while these dynamics impact everyone, they have a more significant negative effect on those dealing with various and interconnected vulnerabilities.. Access to drinking water and the problems of water supply infrastructure in the regions of Uzbekistan deserve special attention. The dilapidated water supply infrastructure limits access to drinking water. Most of the basic infrastructure was built and maintained during the Soviet period and has now exhausted its resources (*CPF, WB, 2022*). Despite the gradual increase in financing of this sector, the deteriorated infrastructure, according to international organizations, results in direct and indirect costs to the state in the amount of USD 635 million or 1.3% of GDP per year (*CPF, WB, 2022*). Hygiene, sanitation and household costs associated with the lack of constant access to clean and potable water lead to economic losses in regions that differ in their level of development from the main economic centers of the country. The daily labor and time spent on replenishing water supplies in households falls mainly on women and children, reducing their economic potential. At the same time, this situation negatively affects the health of the population and can lead to social tensions in the regions. Gas supply in the country is also an acute issue. In December 2022, 79,000 households experienced partial or complete disconnection of gas supply. Tashkent, Andijan, Namangan, Fergana and Samarkand regions were most of all in the «risk zone» (newshub.uz, 2022). In 2023, the country began to introduce a moratorium on liquefied gas refueling (newshub.uz, 2022). There are occasional power cuts in the regions. (anhor.uz, 2023). These facts reflect the existing problems in the infrastructure of the country.



In order to ensure international comparability of data, access to quality, comparable and objective data, promotion of more effective analysis of socio-economic processes in the society in order to develop effective policies, it would be advisable to ensure further improvement of national statistics considering international methodologies.

1. Child care system



1.1. Institutional care

Preschool organizations development history

Full employment and equal access to education services were undoubtedly achievements of the country's pre-independence development. In 1991, enrollment in primary and general secondary education in Uzbekistan was high at 98–99.8% (SDG, 2023). However, the preschool education (hereafter referred to PSE) enrollment rate was markedly lower. Back in early 1991, this indicator was 35.1% with 9,834 organizations, (UZSTAT, *Social Sphere*, 2023) Due to the existing problems in the education sector, including insufficient funding (Abdullaev & et al, 2019), in the late 1980s Uzbekistan ranked among the lowest among the Soviet Union's republics in terms of preschool education. The collapse of the centralized Soviet economy further exacerbated this problem and led to a crisis in Uzbekistan's institutional childcare system. The number of PSE facilities available in the early 1990s began to decrease sharply. Due to the reduction of state funding for PSE and a lack of local funds, many preschool educational institutions ceased their activities and the number of PSE continued to decrease until 2016. Since 1991, the number of preschool institutions has **decreased by 47 percent to 5138 institutions in 2016** (UZSTAT, *Social Sphere*, 2023).

By 2022, the country had not reached the 1991 figure for the number of pre-school institutions. In 2022, the number of pre-school institutions was 8,412 (9,834 in 1991) against the background of significant population growth and birth rates. The current positive trends in pre-school statistics correlate with the large-scale reforms launched in 2016, when the development of PSE became a state policy priority. («*Mirziyoyev's Reforms in Uzbekistan – a New Course Towards a Free Market?*», 2016)

Child care regulations

The Constitution of the Republic of Uzbekistan is the guarantor of equal rights and opportunities for women and men. According to Article 50, the state is obliged to create and maintain conditions for the development of preschool education (*Constitution of the Republic of Uzbekistan*, 2023).

The extension of the preschool education system has been identified as one of the priorities of State Policy.

In 2018, the President's Decree "On Measures to Further Stimulate and Develop the Preschool Education System" (No. PD-3651, 2018) was adopted. It approved a program to take measures to fundamentally reform and improve the system of public administration and increase the material and technical resource base in PSEs. The decree also affected the non-state sector of PSEs, which was granted significant preferences, for example, land plots and existing PSE institutions were leased free of charge. It also provided for the establishment of a reduced parental fee "for a certain number of children from families in

need of social support” and for the placement of children from families in need of social support in state preschool institutions on a priority basis.

The new Law “On Education” establishes that the State guarantees a compulsory one-year course of preparation for compulsory primary education. This course implies free preschool training for all six-year-old children on a compulsory basis.

The Law “On Preschool Education and Upbringing” in 2020 (No. ZRU-595, 2019) highlights the main directions of state policy in the field of ensuring the rights of every child to PSEs, creating conditions to ensure 100% coverage of PSEs, assisting families in obtaining PSEs, improving the quality of PSEs, developing inclusive education, searching for and creating alternative forms of PSEs, providing support in the development of PSEs, introducing and developing PPP mechanisms to expand the network of PSE organizations, introducing modern technologies in PSE and introducing IT tools for child development. The law defines the **age for PSEs – from 2 to 7 years old, but access of children under 3 years old is limited by additional enrollment conditions**, including, for example, loss of a breadwinner in the family; enrollment in kindergartens on a paid basis, by mutual agreement between parents (guardians) and state kindergartens, under conditions of incomplete “workload” of the PSE institution (No.PD-87, 2022).



The initial 2-3 years of child upbringing are crucial, especially from a gender perspective. If households lack affordable care services, women are likely to remain out of the labor market to care for their children until they reach the age of pre-school education. This extended period out of the workforce, which includes maternity leave a few months before and 2-3 years after childbirth, can exceed three years. This extended absence poses significant challenges to women’s economic and social empowerment when they attempt to re-enter the labor market.

A separate President’s decree also established the Ministry of Preschool Education, later transformed into the Agency for Preschool Education under the Ministry of Preschool and School Education, and created territorial departments in the oblasts.

To address the shortage of PSEs, the government began the process of involving the private sector in the provision of child care services.

One aspect of the preschool education system in Uzbekistan is the possibility for individuals, as sole proprietors, to establish family-based non-state preschool educational organizations with a limited number of children, which is a form of PPP (public private partnership). No license is required for the activities of family-based non-state PSEO.

In September 2023, the Agency for Preschool Education **to monitor whether a private preschool organization are fulfilling the terms of the agreement at the appropriate level** (No. PD-316, 2023)

At the end of 2022, **a new labor code** empowered child care workers (#ZRU-798, 2022). This Code consolidated and supplemented the rights of workers with children. Women with children under three years of age working in public institutions are entitled to a reduction in total working hours from 40 hours to 35 hours per week with full pay. The practice of granting reductions in working hours exclusively to mothers reinforces a gendered division of unpaid care work and responsibilities. It is essential to broaden access to such reductions for fathers as well, promoting a more equitable distribution of care responsibilities.

Article 398 talks about the establishment of part-time working hours for pregnant women, for persons engaged in the performance of family duties, and those caring for sick family members.

Working men are granted annual labor leave at their request during their wife's maternity leave, for the first year of employment – regardless of the time worked; for subsequent years – regardless of the vacation schedule. It is crucial to extend these opportunities to fathers as well, facilitating a more balanced distribution of caregiving responsibilities. One example of fostering this redistribution is the implementation of «use-it-or-lose-it» parental leave. Non-transferable quotas, often referred to as «use it or lose it» leave or «fathers' quotas,» stand out as an important factor in promoting men's engagement in taking leave and fostering equal participation in caregiving responsibilities.

Leave for pregnancy and childbirth is granted for seventy days before childbirth and fifty-six (in the case of complicated childbirth or two or more children – seventy) days after childbirth, with the payment of benefits established by law. This leave is calculated cumulatively and is granted to the woman in full, regardless of the number of days actually used prior to childbirth.

The procedure for assignment and payment of **maternity benefits** is determined by the Cabinet of Ministers of the Republic of Uzbekistan, and according to the new code, **all officially employed pregnant and postpartum women receive this benefit. This amendment removed barriers for women to employment in non-state institutions** (as of September 2022). Recall that until April 2023, the payment of maternity benefits to women employed in non-state institutions was the responsibility of the employer. As a consequence, employers might not have been interested in hiring women, which limited women's opportunities for employment in the private sector. Currently, the State pays the mandatory 4 MCE (four times the amount of the minimum consumption expenditure), which amounts to 2,272,000 UZS¹. **However, the employer is still required to pay the difference between 4 MCE and 75% or 100% of the average monthly wage, depending on the actual**

¹ In pursuance of the Decrees of the President of the Republic of Uzbekistan, No. UP-175, dated 07.25.2022, No. UP-87, dated 03.07.2022, a new procedure was developed, established in accordance with the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, No. 515, dated 09.20.2022.

time worked by the woman from the date of employment, namely up to one year and over one year respectively. The source of funding for these benefits (4 MCE) is the Social Insurance Fund.

The amount of **childcare allowance for children up to the age of two** is regulated by the regulation approved by the Resolution of the Ministry of Employment and Poverty Reduction and the Ministry of Economy and Finance of the Republic of Uzbekistan (reg. number 1113 dated 14.03.2002) Monthly childcare allowance for children up to the age of two is paid to working mothers at the **expense of the employer**. The provision does not apply to mothers working in the public sector. **Non-working, self-employed and informally employed women receive this benefit only if they are from low-income families through the social assistance program.** Since September 1, 2021, the amount of childcare allowance for a child up to two years of age has been set at 60% of the minimum wage. As of December 1, 2023 with a minimum wage of UZS 1,050,000 the allowance was 630,000 UZS.

At the end of this two-year maternity leave, women may take **unpaid leave for another year, until the child reaches the age of three. The employer is obliged to keep the woman's job for this period (the rule does not apply to men),** which must be included in the **employment history to a maximum of** six years in total.

Paid or unpaid paternity leave can legally be taken by fathers, which helps to redistribute unpaid care work in the family. However, employed men are not interested in taking paternity leave. The main reasons are gender stereotypes and the fact that paternity leave payments are insignificant and amount to only 60% of the minimum wage received at the main job. Moreover, "paternal quotas" are not legally defined, that is, a period of paid leave that the father cannot transfer to the mother, and in case of non-use, the leave does not transfer to another year nor is compensated. Non-transferable quotas, often called "use it or lose it" leaves or "paternity quotas," are an important factor in promoting more equal participation of parents in caregiving responsibilities.

The Labor Code enshrines the right of a working woman with a child to reduce working hours, **but this is possible only by agreement of the parties and depends on the employer's decision. It is necessary to develop mechanisms for providing flexible schedules to prevent violations in this field for both mothers and fathers.**

According to the country's legislation, the employer is also obliged to provide one of the parents/guardians of a child under two years of age with **additional paid breaks included in working hours for feeding the child.** If there are two or more children under two years of age, the duration of the break is set at least one hour.

Termination of the employment contract with pregnant women on the employer's initiative is not allowed, except in cases of liquidation of the organization. When a pregnant woman's employment contract is terminated, she retains the right to receive maternity benefits.

Thus, while there has been progress in the country's legislation on childcare leave and services, including extended paid parental leave for up to 2 years, state coverage of maternity benefits, removal of this burden from employers of non-governmental organizations, breastfeeding breaks of two years, compulsory universal free pre-school education starting at age 6, **there are still gaps in the childcare system:**

- benefits during **pregnancy leave are available only to the formally employed** and do not apply to self-employed and informally employed women;
- pregnancy leave **does not apply to self-employed and informally employed women**, who make up almost half of all employed women;
- childcare benefits for children up to the age of 2 are guaranteed by the state only for the poor, while benefits for the formally employed are paid by the employer (except for budgetary organizations). **Unemployed, self-employed and informally employed persons who are not in the category of low-income earners do not receive childcare allowance;**
- the duration of paternity leave is not defined separately for fathers in national legislation, and protection against dismissal is defined only for the mother.

The main types of social benefits are available mainly to persons from low-income families who have entered the Unified Social Protection Register (USPR) or women's notebook. However, there are a number of bureaucratic problems to get into these databases. Also, once in these databases, the beneficiaries of this benefit system have no interest in employment, as there is a risk of automatic exclusion from the database, and the job they found may be temporary. In order to qualify for the USPR, the salary must be below the legal limit (for 2022 – less than 390,000 UZS). If there is a spouse, he or she must provide a certificate of employment; if the spouse is informally employed, he or she must provide a certificate from the labor exchange. Moreover, the amount of benefits is insignificant and does not cover the basic needs of the family.



It would be advisable to optimize the procedures for inclusion in the USPR, which is intended to be an instrument of assistance for low-income segments of the population, and to provide fully-paid, non-transferable parental leave, which would encourage greater sharing of care responsibilities.

Preschool education coverage

Since 2016, the government has prioritized the increased coverage of PSE. In order to address this issue, it has started the process of attracting the private sector, including through PPP mechanisms for the provision of preschool child care services. From 2017 to 2020, there was dynamic growth in the coverage of the network of non-state PSE. During this period, the number of pupils of private preschool institutions increased from 15,800 to 98,100 thousand people (6.2 times) (Fig. 4). At the same time, the total number of pupils in state and non-state PSEs during the same period doubled from 732,800 in 2017 to 1,444,300 in 2020. (UZSTAT, 2023).

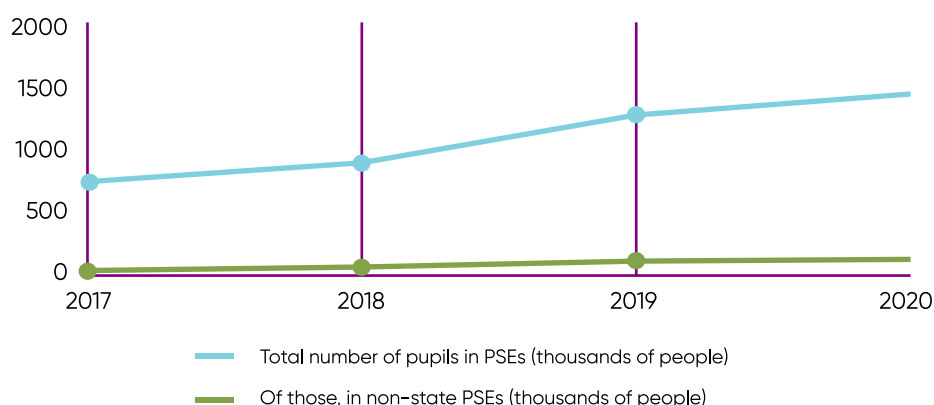


Fig 4. Comparison of the dynamics of the number of pupils of PSEOs with the dynamics of pupils of non-state PSEOs (thousands). Source: based on UZSTAT, 2023 data

Starting from 2019, the statistical data of the Statistics Agency under the President of Uzbekistan (UZSTAT) starts to include pupils of PPP-based family non-state preschool educational organizations (PSEO) (Table 2)..

Year	2019	2020	2021
Number of children in PSEOs, excluding family-based non-state PSEOs	1115400	1196400	1321400
Number of children in PSEOs with family non-state PSEO centers	1276904	1444328	1779002

Table 2. Share of PSEOs with family non-state PSEOs and without family non-state PSEOs. Source: based on UZSTAT, 2023 data

Thus, the share of non-state PSEOs at the end of 2022 was almost 22%, but the number of children in them amounted to only 10.4% of the total number of PSEOs' pupils (Fig 5, Table 4) (UZSTAT, 2023).

Year	2018	2019	2020	2021	2022
Number of PSEOs	874.4	1115.4	1196.4	1321.4	1455.8
Number of non-state PSEOs	279	691	98.1	115.1	151.3
Share of non-state PSEOs (%)	3.2	6.2	8.2	8.7	10.4

Table 3: Number of state/non-state PSEO at the end of the year (at the beginning of 2023)

Source: based on UZSTAT, 2023 data

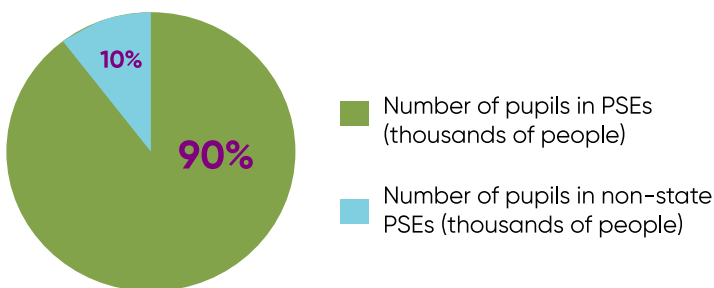


Fig 5. Share of children in non-state PSEOs at the beginning of 2023, (%)

Source: based on UZSTAT, 2023 data

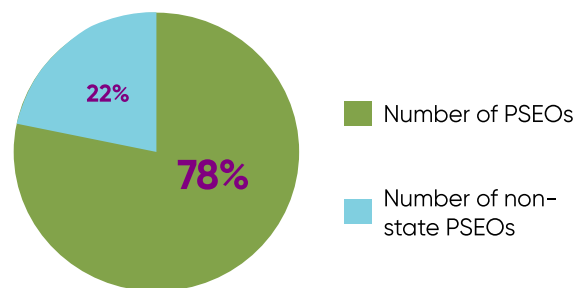


Fig 6. Share of non-state PSEOs at the beginning of 2023, (%)

Source: based on UZSTAT, 2023 data

According to official data as of June 2023, 30792 PSE organizations were operational, of which only 6734 (22%) were public and 24058 (78%) were non-state (Figure 6). Meanwhile, the total number of non-state PSEOs consists of 789 (or 3% of total PSEOs and 3% of non-state PSEOs) fully private institutions; 21,941 (or 71% of total POEs; 91% of non-state POEs) family-based non-state PSEOs; and 1,328 (or 4% of total POEs and 6% of non-state PSEOs) PPP-based non-state PSEOs (Figure 7) (Yangi Uzbekiston, 2023).

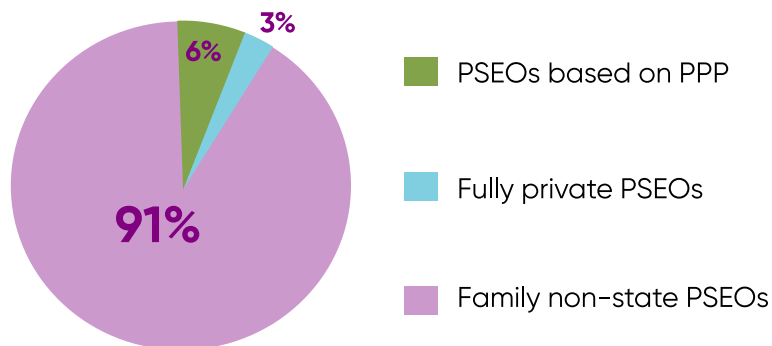


Fig 7. Ratio by type of organizations of non-state PSEOs as of June 2023

Source: based on UZSTAT, 2023 data

It should be noted that family non-state PSEOs have a limit of 8 to 12 children, according to sanitary and hygienic requirements (*SanPiN, 2018*).

Thus, state PSEOs have a larger share of pupils, despite their smaller share in the total number of PSEO, **which is probably due to the lower quality of non-state family kindergartens, limitations on the number of contingents in family PSEOs and inaccessibility of private kindergartens for low-income groups of the population.** The average yearly cost of a private kindergarten in 2022 ranged from 2 to 3 million UZS (or 200-300 USD), while the average salary in the same year was 2.78 million UZS (or 250.18 USD), according to a report by the State Tax Committee. (*cabar.asia, 2022*).

According to the UZSTAT, in 2022, only 151,300 children were in non-state PSE out of 1,455,800 children in PSE in total, which is only 9%, while the share of non-state PSE in 2023 was 78% of the total number of PSE.

Coverage across the age range also shows heterogeneity. Coverage of children under three years of age in PSE is less than half a percent (0.4%). When children aged three years, the official age for enrollment in kindergartens, are included in this sample, the coverage rate changes to 11.7%. (*Table 4*)

It should be noted that starting from September 1, 2022, according to President's Decree No. PD-322, the admission of children under the age of three is allowed under certain conditions, with the independent determination of the parental fee.

Year	2018	2019	2020	2021	2022
Calculation of PSE coverage, age up to 3 years (%)	0.1	0.3	0.4	0.3	0.4
Calculation of PSE coverage, age 1-3 (3 including) (%)	8.1	9.7	9.5	10.5	11.7
Calculation of PSE coverage age 3-6 without family PSE (%)	32.4	40.1	41.6	46.6	50.7
PSE coverage age 1-6 (%)	21.0	26.6	27.7	30.3	32.5
PSE coverage age 3-6 with family PSE from 2019 (%)	32.0	46.6	50.9	62.0	68,3
PSE coverage age 1-6 (%)	21.0	26.3	27.3	29.4	31,3

Table 4: Age-dependent PSE coverage in Uzbekistan.

Source: based on UZSTAT 2023 data. Blue – calculated by Gender Economy Research Center (GERC) Narxoz, based on the data of the Statistics Agency under the President of Uzbekistan. Orange – data of the Statistics Agency under the President of Uzbekistan.*

** Expected coverage in 2023 for children from age 3-6 74.4%.*

Due to the heterogeneity of statistical data, it is difficult to draw a complete and detailed picture of the coverage of PSE in different sections, including by one-year age groups. According to the available data, the Republic is characterized by a "gap" in coverage rates by age group: the coverage rate for ages 1-6 is more than half that for ages 3-6, at 31.3% and 68.3%, respectively. GERC calculations show that the coverage of PSE for children under 3 years old was 0.4%, while the coverage of PSE for children from 3

to 6 years old, excluding family PSEOs, was 50.7%. However, official data on coverage of children from 1 to 3 years of age are not available (Fig. 8). **In order to determine the demand for PSEO services for children from 1 to 3 years of age, an additional survey is needed, which can be used by the government to determine target indicators for PSEO coverage of children of this age and to determine the necessary funding for PSEOs.**

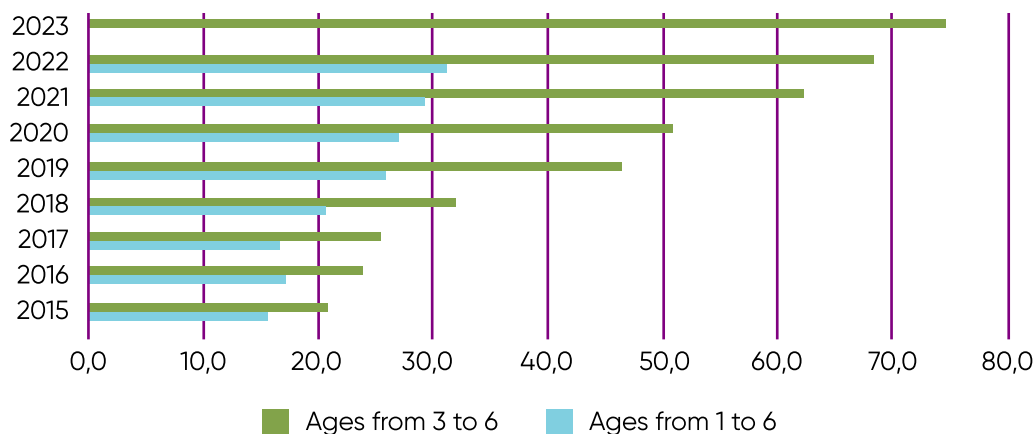


Figure 8. PSEO coverage in different age range (%) Source: based on UZSTAT 2023 data

Disproportions related to the unequal coverage of preschool education services for 3-4-year-olds have also been identified, with more boys (51%) than girls (41%); urban children (51%) than rural children (42%); and children from the richest families (55%) than from the poorest (29%) (SDG, 2022).

Thus, the country's PSE is characterized by a large number of non-state PSEO, but a smaller number of pupils in them.

The small number of private PSEOs, only 3% of the total number of non-state PSEOs does not promote competition between them and allows them to set high prices, often equal to the monthly wages of the population with incomes above average.

When considering family non-state PSEOs, different agencies often refer to them as both state and non-state PSEOs. Family kindergartens are categorized as state-run due to the fact that 75% of the population attends family PSEOs at the state price, and in rural areas this figure often reaches 100%, with staff salaries covered by the state budget. (Minister of PSE, 2022). Family PSEOs are referred to as non-state PSEOs because they are established on the basis of PPPs.

It is recommended to have more accurate statistical data on the coverage and number of children of one-year age by region, gender and type of PSEO ownership in order to get an objective and complete picture of the situation in PSE institutions.

Given the above, it seems rational to conduct **an independent survey of preschool organizations in order to obtain objective data on the situation in PSE and to determine the real needs of PSE. This survey will contribute to the design of effective preschool development programs.**

Despite significant measures taken by the state to expand the PSE **coverage there is still a shortage of places in PSEOs. There are no official open statistics on the needs of the population in PSEOs.** In 2018, the country introduced an online system, the unified portal of interactive public services (IPIPS), which allows for putting a child on the waiting list for a place in PSEO (*Cabinet of Ministers Decree No. 244, 2018*). However, this system has not solved the problem of obtaining places in PSEOs, **nor does it allow to identify the real demand of the population/deficit of places in PSE organizations** (*CABAR.asia, 2022*).

Taking into account the already existing shortage of preschool organizations and the high birth rate in the country (932.2 thousand births in 2022 and 753 thousand births in 2023), the shortage of places in preschool organizations will undoubtedly increase.

PSE quality

The low quality of childcare services is a serious gap in the childcare system. The lack of uniform quality assurance standards, the absence of an independent system for assessing the quality of preschool organizations, as well as the absence of licensing procedures and understated requirements for family PSEOs, with a consequence of insufficient control by the State and the public, have created conditions for the low level of services provided in this sphere. Clearly defined, documented and mandatory criteria for assessing the quality of PSE should be made publicly available and should contribute to the accountability of PSE to both the State and the public.

The quality of PSE delivery in the context of the period since independence and from region to region varies significantly. Since the early 2000s, many preschool education institutions in different regions of the country have faced the problem of providing sufficient quantity and quality of food. In addition, there were insufficient qualification levels among teachers, educators and other preschool specialists. Necessary methodological materials were also in short supply. Preschool education lagged behind international standards.

Large-scale reforms in all sectors of socio-political life, which began in September 2016, also affected preschool education. Repair work on preserved PSEOs and the construction of new ones has begun.

Starting from 2018, the Standard of preschool education and upbringing, State requirements for the development of children of early and preschool age, the State curriculum «Ilk kadam», a variant program to prepare children aged 6 years for school «Ilm yuli», partial programs on ecology, mathematics, methodological manuals for teachers to the programs, didactic materials for children have been developed and implemented.

To compensate the shortage of quality personnel in the field of preschool education, the Republic's higher education institutions reopened correspondence departments and provided state grants for girls to study at master's programs. According to the report on achievement of the National SDG indicators for 2022, the share of teachers in preschool institutions with the minimum required qualifications was 96.1%. This indicator is higher in state institutions at 97.2% whereas in non-state institutions it was 87.4%. (SDG, 2022).

However, in 2022, only 34.5% of preschool teachers had higher education (Maksad, 2022). As of 2023, there are already 152,897 managers and specialized teachers working in preschools (151,746 in 2022). Of these: 115,130 (75.3%) are working in the public sector and 37,767 (24.7%) in non-public PSE organizations. In the first half of 2023, 7,828 personnel of PSE and 71 teachers of pedagogical colleges received advanced training («O'zbekiston Respublikasi Maktabgacha ta'lim vazirligi,» 2023).

Puchon University, A.I. Herzen Pedagogical University, and other pedagogical universities in the country serve as the main training sites for PSE. (Press Service of the Preschool Education Agency, 2023).

Nevertheless, improving teachers' qualifications and salaries remains a serious problem that directly affects the quality of PSE and, therefore, needs to be addressed.

According to the Decree of the President of the Republic of Uzbekistan "On measures for the effective organization of the activities of the Ministry of Preschool and School Education and organizations in its system" (No. PD-79, 2023), from 2024 a new procedure for assigning qualification categories to teachers in public PSEOs, schools and extracurricular educational organizations will be introduced. Also, from June 2024, the salaries of kindergarten teachers will be increased and will be equal to those of school teachers. This contributes to raising the status of preschool teachers and increasing the attractiveness of this profession.

Strong rural/urban gaps in financing costs have led to a lower quality of PSE in rural areas. There are not enough state PSEOs in villages remote from the cities. Underdeveloped infrastructure and lack of transportation make it difficult for the population from remote villages to access PSEOs located in district centers.

In order to improve the quality of PSE in the Republic, a number of recommendations are proposed. These include the implementation of measures emphasizing the quality of learning, ensuring equal access to education and increasing the accountability of the education system to the public; the introduction of nationwide systematic assessments of the quality of learning and the establishment of uniform criteria for assessing the quality of education at the national level (WB, 2022).

The lack of a clear framework of control over non-state PSEO may lead to a further decline in the overall quality of PSEO services (Maksad, 2022). Until April 2023, **quality control in PSE was carried out by the Ministry of Education itself**. A positive step in the

development of PSE in the country is the establishment in April 2023 of the **Republican Scientific and Methodological Center for Education Development**, a structure independent of the Ministry of Preschool and School Education and subordinated to the Presidential Administration. It was given the function of quality control in PSE.

There is no national survey to assess the quality of preschool education services in the country. A significant contribution to the development of the quality of PSE can be made by a study, which began in 2023, based on the international tool «**MELQO**», aimed at assessing the quality and outcomes of early learning, where the sample will be 100 preschool organizations. **However, the methodology of the study is not yet publicly available.**



Thus, there is a lack of unified quality standards for PSE that also take into account regional aspects, and there is a lack of continuous monitoring of the quality of preschool institutions and involvement of independent accreditation of preschool organizations. In the past there have been relaxed requirements and lack of licenses for opening family PSEOs, which played a significant role in increasing the number of preschool institutions in the country, and have contributed to the low quality of services provided by them.

Financing

The main gap in the development of PSE in the Republic is insufficient funding. Although expenditures on PSE in Uzbekistan are higher than in other Central Asian countries, these expenditures are still below the UN recommended level of 2% of GDP.

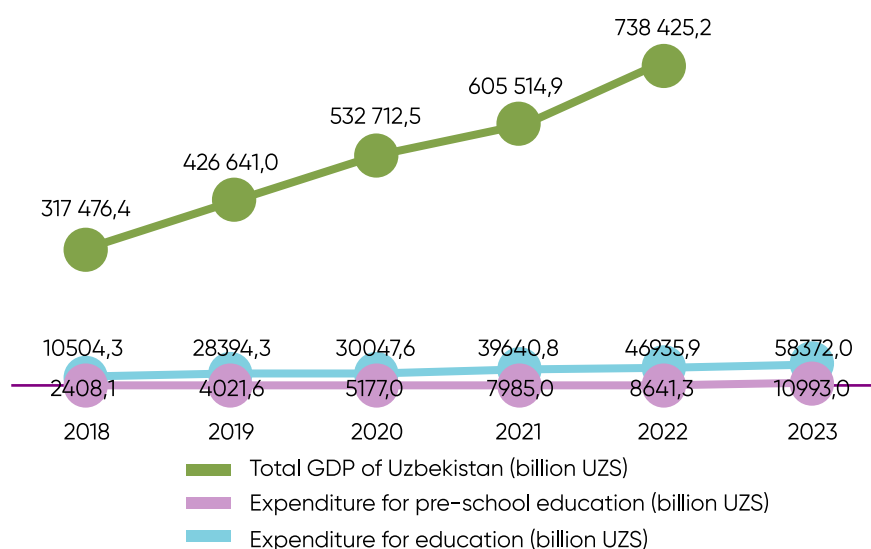


Fig 9. Dynamics of Uzbekistan's GDP growth to expenditures on education and PSE (billion UZS) Source: based on UZSTAT 2023 data

In 2022, expenditures on PSE amounted to 8641.3 billion UZS, which is 1.17% of the country's GDP in the same year. (Figure 9).

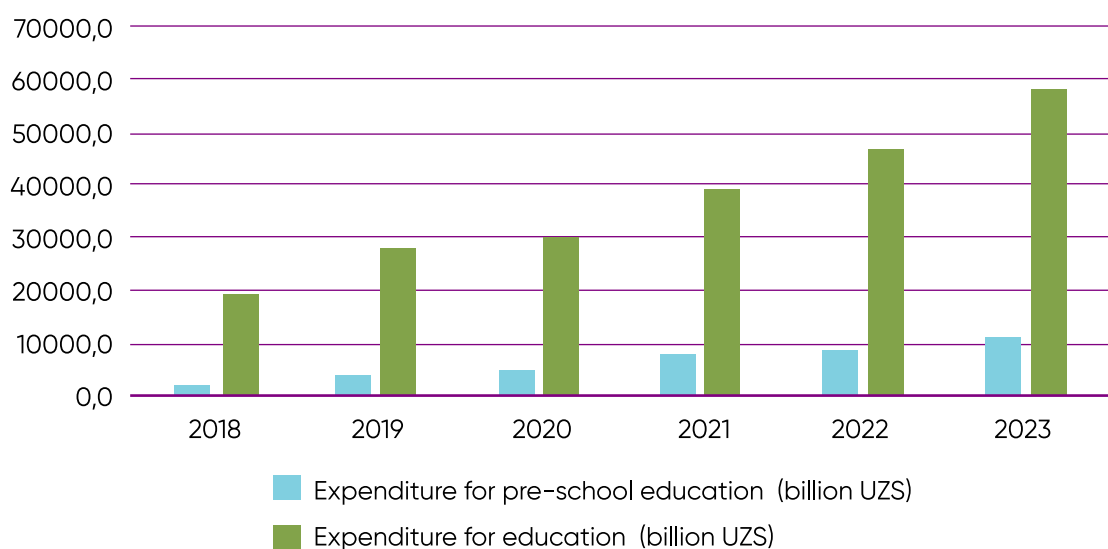


Figure 10: Comparison of expenditures on education and PSE

Source: based on UZSTAT 2023 data

Years	2018	2019	2020	2021	2022	2023
Expenditures on PSE (billion UZS)	2468.1	4021.6	5177.0	7985.0	8641.3	10993.0
Expenditures on education (billion UZS)	19504.3	28394.3	30047.6	39640.8	46935.9	58372.0

Table 5: Expenditures on PSE and education (billion UZS)

Source: based on UZSTAT 2023 data

Expenditures on PSE out of total education expenditures in the country amounted to only 18.8% in 2023 (Figure 10, Table 5). With the rapid overall growth of the country's GDP, education financing in nominal terms lags far behind the pace of economic development.

Normative per capita financing of PSEs based on the calculations of the past year is practiced in the country. It would be advisable to replace per capita financing with more efficient voucher financing, when money follows children directly. Voucher financing contributes to improving the quality of services provided by PSE as families will choose a kindergarten and use their voucher themselves.

A pressing problem is the fact that some **preschool organizations deliberately overestimate the number of their contingent in an effort to increase the amount of subsidies and compensations from the state** (Maksad, 2022). This negatively affects the efficiency of determining the required amount of funding. To solve this problem, eliminate human and corruption factors and digitalize the process of allocating subsidies and compensations,

the information system “Management of non-state preschool educational organizations” was launched in 2022. (Maksad, 2022).

According to the Voluntary National Report 2023, **available funding for SDG development is insufficient** and meeting the need for additional funding **will require a significant increase in public and private investment**, both domestic and foreign (VNR, 2023).

1.2. Paid home care

With the acute shortage and poor quality of institutional care services in the country, rising birth rates and increasing life expectancy, the demand for paid home care services is growing every year. Paid home-based child care, nanny services, are provided mainly by women and most often informally, without a labor contract between an employer and an employee. The labor of women working informally is not regulated by legislation and is not covered by social protection.

Existing private home care services, such as babysitting, are inaccessible to low-income populations, while substitute services provided by the state, or social workers' home care services, are underdeveloped and not reaching all those in need.

According to public sources such as job search resources (*OLX.uz*, *hh.uz*), private babysitting services in Tashkent city cost on average 25,000 UZS per hour, which is approximately \$US2. This equates to 4.40 million UZS per month, based on 8 hours per day and 22 working days a month, which is approximately \$US358. The average salary in Tashkent in 2022 was 6.31 million UZS (\$US510) per month (*Gazeta.uz*, 2023). Reportedly, nanny fees are almost equal to the average salary in Tashkent. There is insufficient information for the other regions, but we can assume that paid care services are less widespread in the regions due to lower incomes than in Tashkent.

It is also common practice in the regions for older children to take care of younger siblings, and for the older generation to assist their children in caring for grandchildren. According to the results of sample household surveys from January–August 2022, 61.4% of households in the country consisted of 5 or more people (*UZSTAT*, 2023). The prevalence of large families and extended households in the country has made it popular for the older generation and older children to care for young children. This is also an indication of the low level of development of paid care.

Paid care work is a professional activity aimed at providing care services to those in need of care for remuneration. These activities can be either direct care for those in need of care, such as feeding, bathing, or performing household chores that benefit the beneficiaries of the service in one way or another.

Developing the care economy is key to accelerating the creation of formal jobs and social protection. Estimates by the International Labor Organization (ILO) indicate that with proper attention to the care sector, 475 million jobs world-wide could be created by 2030 (*ILO, 2018*). These are primarily jobs in the care sector itself, such as social workers, caregivers, nannies, cooks, nursery nurses; but also, jobs in related sectors of the economy, such as construction, catering, utilities, etc., whose demand for services and goods will increase as new care organizations are established.

The new Labor Code of the Republic of Uzbekistan (30.04.2023), namely Articles 514-520, defines the term «domestic worker» and regulates relations between domestic workers and natural persons. «Domestic workers are workers who perform work, render services (gardeners, nannies, watchmen, maids, drivers and others) to employers – natural persons to meet their personal needs not related to entrepreneurial activity». Legal regulation of the labor of domestic workers includes working and rest regimes, working conditions, conditions of termination of the labor contract and conditions for the inclusion of the period of employment of domestic workers in the labor record.

However, paid care workers fall under these **regulations only after concluding an individual employment contract** with an employer. When concluding an individual employment contract, one of the three copies of the contract must be submitted to the local tax authority. Most often, **care workers work without signing an employment contract**, which allows both the employee and the employer to avoid paying taxes. However, this form of employment is **unsafe for the employee, leaving him/her without social security, employment history or pensions**.

Informal employment in the Republic is large, accounting for 39.6% of total employment and 61.7% in the agricultural sector. The share of informal employment is higher among women (47.4%) than among men (34.0%). Paid care services are mainly provided by women, as this area of employment is not attractive for men due to low wages. Most often women provide paid care services without concluding a formal contract, via a verbal agreement with private persons. Informal employment for women is a forced measure that allows them to combine their domestic duties with temporary part-time work. However, this type of employment is characterized by less favorable conditions, does not guarantee social protection, pension savings, or other state support.



Taking into account the existence of a large number of informally employed women in the country who provide care, it would be advisable at the initial stage to take measures to provide social support to informally employed women and train them to provide quality care. The lack of pension savings for almost half of employed women in the future represents a serious burden for the state social security and pension system in the future. Consequently, it is more cost-effective to support informal care workers today, provide them with access to social protection, and create conditions for institutionalization of employment and their professional development. Institutionalization of the activities of paid care workers, their training, professional development and development of care skills will contribute to the provision of high-quality care, safeguard the work of service providers and reduce state budget expenditures on health care.

Creating favorable conditions for the development of a fitness club and improving the qualifications of persons providing care services, ensuring the processing of qualified personnel to provide quality care services.

Due to insufficient data or surveys conducted to assess the prevalence and conditions of payment for home care, it is recommended to conduct a survey to obtain data on this issue.

1.3. Unpaid home care

In 2013, the International Conference of Labor Statisticians adopted a resolution of the International Convention on Labor Statistics stating that unpaid care should be considered as work (*ILO. 2013*). Unpaid care is not measured in monetary terms, is not considered an economic activity, is not included in the calculation of a country's GDP, and therefore most often remains in the shadows, out of focus on the social, economic and political scene around the world. However, unpaid care has a high economic value and according to various estimates, on average, its value amounts to 10–60% of GDP. According to ILO estimates, the value of unpaid care has been estimated as 9% of global GDP or US\$11trillion in PPP terms (purchasing power parity as of 2011) (*ILO. 2018*).

And unpaid care work has been estimated globally at 16.4 billion person-hours per day, which is equivalent to 2 billion people working in an 8-hour day (*ILO, 2018*). According to UNDP data for 2017, on average in Europe and Central Asia, women spent twice as much time on unpaid care as men, namely 4.5 hours a day. (*UNDP, 2020*)

These estimates indicate possible lost potential for the country's economy. Women and men who provide unpaid care lose time that could be used for economic activity. Moreover, such workers often remain outside of formal employment, which in turn excludes them from the social protection system.

Both paid and unpaid care work is predominantly performed by women and girls, especially in countries with well-established institutions where care is considered 'women's work' by default. In Uzbekistan, more than 3.94 million people are engaged in unpaid care work, and 92% of them are women (VNR, 2023). **Women engaged only in unpaid care work, without formal employment and not included in the Unified Social Protection Register (USPR), are socially vulnerable, with no pension savings and no source of income.** Nevertheless, unpaid care work is an integral element of social life, ensuring the well-being of members of society.

One of the main reasons why women in Uzbekistan do not work is their household and caregiving responsibilities (WB, Gender assessment 2023).

The unequal distribution of unpaid household work and care work places an excessive burden on women in the household and hinders their access to paid employment and participation in society. Moreover, the intensity of women's unpaid work in the household rises with the number of children in the household and the elderly in need of care.

Currently, for countries where the Household Time Use Survey (TUS) is practiced, it is possible to demonstrate an imbalance in the distribution of time among household members devoted to unpaid care for household members; paid and unpaid work; sleep, education, etc., in the household. A household time use survey (TUS) has not yet been conducted in Uzbekistan. According to the Agency for Statistics of the Republic of Uzbekistan, women spend 3.12 hours more than men on unpaid care and housework (UZSTAT, 2021).

However, the results of the National Household Budget Survey (NHBS) were used to analyze the distribution of time. **In order to obtain more accurate data on time allocation by household members, it would be useful to conduct an additional survey following the international methodology.**

Gender roles and stereotypes defined by society in Uzbekistan have a great impact on women's place in society, on "men's" and "women's work", as well as on the distribution of family budget and time. According to the results of the survey of international organizations "Life in Transition" LITS III, all women and the majority of men (90%) in Uzbekistan believe that "a woman should do most of the housework, even if her husband does not work" (LITS III, 2016).

Gender norms in rural families often differ from those in urban areas. Patriarchal attitudes are more pronounced in rural areas, where poverty and unemployment are higher, infrastructure is underdeveloped, and basic public social services, including quality education and health care, are inaccessible. Rural women bear a greater burden of unpaid

household work than urban women. Rural areas are also characterized by high numbers of extended households, as well as early marriage and high fertility rates. All of these increase women's unpaid work in the household. Moreover, men in rural areas believe that "women should know their place", that wives cannot leave the house without permission from their husbands or their husband's parents (based on interviews).

The distribution of unpaid care in households also depends on the wealth of the household and the region of the country. Karakalpakstan (19.7%), Syrdarya (19.5%) and Khorezm (19.1%) regions have the highest monetary poverty rates in the country (*Gazeta.uz*, 2023). In 2015–2019, the annual growth of the population from 0 to 3 years old was highest in Namangan, Kashkadarya, Jizzak regions (*WB*, 2022). **Women's unpaid workload is higher the lower the level of household wealth.** Poor families in Uzbekistan, representing 12–15% of the population, have 4 times fewer refrigerators, washing machines and vacuum cleaners (*Simplex Service Group*, 2020), which primarily increases women's workload in the household and exacerbates the problem of combining it with paid work.

The high burden of unpaid labor reduces a woman's time that she could spend on her own development and education. Low-income households cannot afford to pay for water supply to their homes in rural areas and often have no transport to get to the district center to a hospital or market (based on interview). **Poverty increases women's unpaid workload, negatively affects their health, and excludes a large proportion of the working-age population from the economic life of the country, becoming an obstacle to economic growth.**

State social services and PSEOs are often physically inaccessible in villages remote from the city, and private social services are inaccessible to the majority of the population due to low incomes. Most men in rural areas believe that women are not capable of running a business on their own simply because it is not «women's work» and because of a lack of skills and education. The opportunity provided by the government for women to obtain soft loans was often taken advantage of by men. Excessive workloads in households leave little time for women's education.

Despite the country's significant progress, there are still gaps in creating an enabling environment for the equal distribution of unpaid labor. According to the country's legislation, fathers are entitled to take unpaid leave to care for a child up to 3 years of age (*Labor Code of RUz*, 2023). The time spent on this leave is counted in the employment record, but only women retain the job. Since there are no regulations for retaining men in the workplace when they go on parental leave. It is difficult for women with children to find a decent job with decent pay and working conditions. Most often, they are forced to work in low-paid, temporary, seasonal jobs without an employment contract. This allows them to perform household and childcare duties in parallel. All this constitutes a **"punishment for motherhood" and a manifestation of gender discrimination.**

Thus, the development of quality, accessible childcare facilities enable women to combine their professional activities with the provision of adequate care for their children; provides access to decent employment and education; and creates new jobs.



To further study unpaid care work provided in the household, a household survey is needed to obtain additional data on the population's demand for care services, the distribution of responsibilities among household members, the needs of primary caregivers, the decisions of household members about who will provide primary care, and the choice of type of care (institutional care, paid care, or unpaid home care) and the reasons why care is made.

2. Care for the elderly



2.1. Demographic characteristics of the elderly

According to the World Health Organization estimates, old age starts at 60, while the UN DESA counts the population over 65. According to the Statistics Agency of Uzbekistan, the category «elderly» includes the population that has reached retirement age, namely women from 55 years old and men from 60 years old. As mentioned earlier (*Figure 2*), the demographic load factor in the country is increasing. One of its two components is the population over working age (*Table 6*). This stratum of the population is not included in the category of economically active population and is not counted as the labor potential of the country. **Persons over 80 years of age are included in the category of socially vulnerable in the country.** As of January 1, 2023, the share of elderly women was 14.5% of the total women population of the country, the share of elderly men – 8.2%. At the same time, the share of the total population of retirement age in 2023 amounted to 11.3% of the total population of the country. (*UZSTAT, Demographic Indicators, 2023*).

2023	number of population of retirement age, thousand people	as a share of the retirement age population, %
Women, from the age of 55	2587.8	63.4
Men, from the age of 60	1494.4	36.6
Total	4082.2	100

Table 6: Population of retirement age by gender.

Source: based on UZSTAT data. Demographic indicators, 2023

At the same time, the average life expectancy is 72.1 years for men and 76.6 years for women.

Another important indicator is the indicator developed by the United Nations – the Ageing Ratio. This coefficient, however, does not use retirement age, but is calculated as a proportion of the total population aged 65 and over. According to this estimation, Uzbekistan has 5.4% of the population aged 65 and over (*Figure 11*) of the total population. This puts the country in the category «on the threshold of old age» for 2023. At the same time, it is worth noting the dynamics of this indicator over five years. In 2018, this indicator was 4.6% of the population and it grew by 0.8% over five years, which, taking into account the nominal growth of the country's population, amounts to 1,927,000 people. This indicator is growing by 0.2% per year on average, which, if the dynamics continue for 6–8 years, will put the country at the next stage – exceeding the 7% threshold, at which the population will begin to be considered demographically elderly. (*UZSTAT, Demographic Indicators, 2023*).

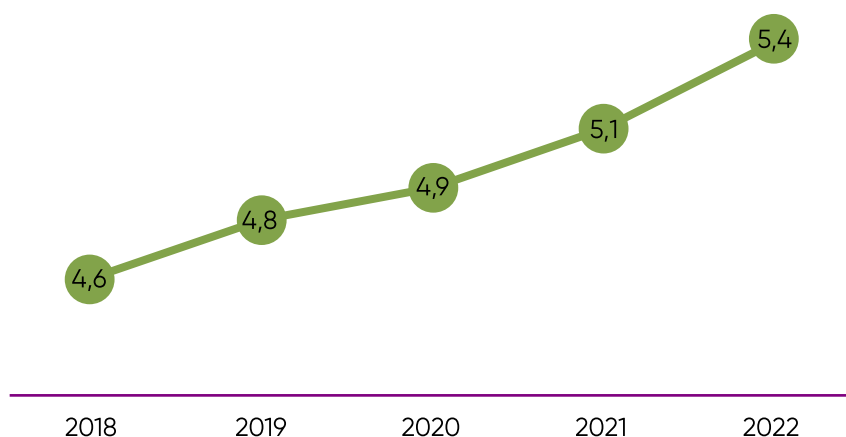


Fig11. Dynamics of the Ageing Ratio of the Population of Uzbekistan according to UN criteria
Source: based on UZSTAT data. Demographic indicators, 2023



This growing stratum of the population will at some point become in need of care, which in turn will increase the burden on the country's budget in the area of social expenditures.

2.2 Institutional care for elderly

Based on the above data, the Government of Uzbekistan has undertaken a number of reforms in recent years to improve the social protection system. The country ratified the «Convention on the Rights of Persons with Disabilities» in 2021 ([№ 3PY-695, 2021](#)), and a presidential decree was adopted «On Approval of the Social Protection Strategy of the Population of the Republic of Uzbekistan» ([№ УП-175.2022](#)), which, among other things, granted pensions to citizens who do not have the required length of service for a pension. This Decree defined the Social Protection Strategy, which stated that as of 2021, the percentage of the population of retirement age covered by pensions and retirement benefits was 77.9% (3,042,000 out of 3,906,000 people of retirement age). This strategy aims to increase the pension coverage rate to 80% by 2030. Another objective of this decree is the creation of a Social Insurance Fund.

The President's Decree "On Measures for Further Acceleration of Work on Systemic Support for Families and Women" was also adopted, which emphasizes support for older women in need of comprehensive care (cl. 3.4. «Comprehensive Support for Older Women in Need of Comprehensive Care» ([№ УП-87.2022 г.](#)).

In 2023, according to the President's Decree, the National Agency for Social Protection (hereinafter NASP) was established, which took over the Sakhovat and Muruvvat residential

homes for the elderly and persons with disabilities ([№ УП-82. 2023](#)). In accordance with the President's Decree "On Measures to Improve the System of Social Services and Assistance to the Elderly and Persons with Disabilities in Need of Extraneous Care", the «Sakhovat» residential homes for the elderly and persons with disabilities and the Republican Boarding House for War and Labor Veterans were renamed the **Social Support Center** (*According to information provided by the NASP, 2023*).

Decree of the Cabinet of Ministers of the Republic of Uzbekistan, dated 10.08.2015 No. 237 defined the main recipients of state social services, namely:

- persons categorized as «Elderly and people with disabilities **living alone** and in need of care,» which includes citizens who have reached retirement age (men aged 60, women aged 55) and persons with disabilities of groups I and II; those in need of care and living alone or together with other elderly and people with disabilities, minor children, as well as with persons undergoing long-term medical treatment, in places of detention and penal institutions;
- and persons categorized as «Lonely elderly and people with disabilities in need of care», covering persons of retirement age, as well as people with disabilities of groups I and II in need of care and unsupported children (including foster children), except minors or people with disabilities; spouse and parents, except elderly or people with disabilities; as well as guardians, custodians and persons on whom the court has entrusted responsibilities for the maintenance of an elderly or disabled person.

According to the President's Decree on measures for further improvement of the system of social services and assistance to the population, «starting from October 15, 2023, the recognition or cancellation of the recognition of applicants as a resident living alone or an elderly person living alone and a person with a disability in need of extraneous care and the inclusion in the list (exclusion from the list) of elderly persons living alone and persons with disabilities are made on the basis of the decision of the social service centers «Inson» (No. PD-319. 2023). Identification of beneficiaries is carried out at the mahalla level by social workers. The system for identifying beneficiaries of services is being digitized (*According to information provided by the NASP, 2023*).

The personal list of single and elderly persons **living alone** and people with disabilities in need of extraneous care is confirmed by district/city Khokims and social assistance is provided on that basis.

"Social welfare" is defined by legislation as a set of allowances, payments, benefits and in-kind assistance, such as food, essential hygiene products, technical means of rehabilitation and others, provided to persons of retirement age and persons with disabilities. These measures are aimed at ensuring the basic necessities of life for this category of population (*Resolution No. 237*).

“Social services” is a set of measures and actions aimed at improving the quality of life of the elderly and the disabled. This includes the creation of equal opportunities for participation in the life of society, as well as the expansion of opportunities for independent provision of basic life needs of this social group. The «Standard of Social Service» includes the requirements for social service providers established by the authorized bodies of state administration. These requirements cover the description of the service, conditions of its provision, terms of provision, indicators of quality and performance of the social service. «Social support services» help in the implementation of the rights, freedoms and legitimate interests of the elderly and disabled. This includes involvement of legal and physical persons and ensuring the coordination of their actions to support this social category (*Resolution No. 237*).

According to Resolution No. 237 there is a system of forming individual programs of social assistance from the abovementioned options and their combination, for elderly and disabled people in need of care, implemented with the support of the Ministry of Health. According to this system, the scheme of providing this assistance and the implementation of the individual program of social services was developed. The criteria for assessing the degree of need for social assistance and its scope, according to the same regulation, are assessed by means of the Barthel Self-Care Capacity Index and Laughton Scale for assessing the ability to perform complex activities. This method is an effective method used in the **world practice, where among the indicators of assessment of the Residual Working Capacity of a person** there is also an assessment of cognitive functions – MMSE (*MMSE, 2022*), the level of muscular strength and motor abilities, assessment of sensory organs – vision, hearing, memory and lung volume testing.

In July 2022, the **National Social Protection Strategy (NSPS)** for the period 2022–2030, developed jointly by a team of experts from national ministries and agencies, experts from the United Nations Joint Program on Strengthening Social Protection (*UNDP, UNICEF, ILO,*) and the World Bank, was adopted. (*Approved by Decree PD-175 dated 25.07.2022.*)

The NSPS envisages 17 goals, among which are the definition of the list and standards of medical and social services, **phased implementation of the social insurance system** and its development on the basis of international standards, harmonization of the definition of disability with international standards, strengthening social protection of maternity and others.

At present, the National Agency for Social Protection of the Republic of Uzbekistan has prepared a draft of Government decision that completely revises the system for providing social assistance to single and lonely elderly persons and persons with disabilities in need of assistance. **Four categories of recipients of social services are envisaged. This expands the range of recipients of social services.** Potential recipients are identified by social workers in the mahallas; the system for identifying, considering applications, assessing need, entering into the Register (formerly the Personal List), developing an Individual Plan, monitoring the effectiveness of the Individual Plan **is completely transferred to digital**

format (the software is being tested); The list of services provided to persons included in this Register is expanding. The Agency is also taking other measures to facilitate the quick and effective provision of social services to persons in need of assistance (*according to information provided by NASP, 2023*).

The social protection system that existed before NSPS **had serious shortcomings and gaps.** First of all, it was the **low level of payments**, which did not encourage workers in the formal sector of the economy (who make tax payments) to apply for social financial assistance; the **lack of guarantees ensuring social protection for all citizens throughout their lives; the lack of transparency** of the criteria for allocating social assistance and public awareness of them; and the **shortage and low qualification of social workers.**

One of the gaps in elderly care is also the **low coverage of social security and social insurance.** Only about half of the population was covered by the social protection system and only one out of three poor families received social assistance. And social insurance coverage of the working-age population in both the formal and informal sectors was virtually non-existent.

In order to address the abovementioned problems, the NSPS has defined the following strategic objectives: introduction of basic social protection guarantees, ensuring access to guaranteed income, health and social services; ensuring equal access for all citizens, protecting all segments of the population from the negative consequences of poverty and risks; increasing efficiency and creating a transparent and well-managed, inexpensive and simple system; ensuring flexibility, using effective approaches to the consequences of natural disasters and the economic crisis; developing an efficient and effective system of social protection; In accordance with the Government's amend made in 2022 to Cabinet Decision No. 237 dated 2015 ([*Decision of the Cabinet of Ministers of the RUz No.62. 2022*](#)) the provision of social services for the elderly and persons with disabilities is carried out in the following forms: **1. Social support services provided at the place of residence and counseling services. 2. Home care services. 3. Services in day care or short-term stay institutions. 4. Services in residential institutions.**

Institutional care for the elderly is represented by **services in day or short-term care facilities, as well as services in residential institutions.**

There are 28 nursing homes with a total of 7,510 residents (*Table 7*), but this number includes not only the elderly but also persons with disabilities who need constant care and supervision. (*National Social Protection Agency. Social services for the elderly living alone. 2023*). **There is no developed state institution of residential care institutions specialized exclusively for the elderly in the country.**

Year	2018	2019	2020	2021	2022
Number of nursing homes (adults)	27	27	26	28	28
places	6900	7125	7005	7629	7878
residing	6473	6667	6491	7323	7510

Table 7: Number of nursing homes, places and number of people living in them.

Source: based on UZSTAT 2023 data

There are two types of state nursing homes – «Sakhovat» and «Muruvvat». 7 Sakhovat nursing homes are state medical and social institutions designed for permanent residence of single elderly people and persons with disability of group I, who are in need of nursing care. But these institutions also admit persons with disabilities of groups I and II aged 18 and over who have no relatives or other persons legally obliged to support them under the Family Code. As of 2023, 847 elderly persons were living in these nursing homes (UZSTAT, 2023).

For the elderly with children, there is a possibility to receive paid care in state boarding homes in accordance with Article 60 of the Law of the Republic of Uzbekistan «On State Pension Provision of Citizens» by paying 80% (20% is given to the recipient for personal expenses) of the pension regardless of its size, but receiving this service is complicated by bureaucratic procedures related to the need for the family of the elderly person to «prove» the impossibility of maintaining an elderly relative at their own expense (No. ZRU 938-XII. 1993).

Private boarding houses for the elderly are opening and functioning in the country. These include Ruth House in Syrdarya District, and Ariran, funded by the Korea International Health Foundation KOFIH, whose experience could be useful for other nursing homes («The Joy of old age», 2023).

Another **important aspect is the low level of identification of the elderly in need of assistance. There has been no national survey to identify the need for care in the country.** Traditional cultural practices in some regions of the country do not permit the care of elderly parents in nursing homes.



The peculiarity of national traditions is the full responsibility of children for elderly parents. Nevertheless, the main burden of care for the elderly falls on the family members younger generation and is most often filled by women's unpaid care within the family. This, hinders the growth of the economic potential of part of the population. It would be advisable to strengthen national traditions by providing State support to caregivers of elderly persons in order to guarantee their dignified care.

2.3 Unpaid and paid care for the elderly

Social support services provided at the place of residence, counseling services, as well as home care services are provided in the country by social workers as a form of state social service, as well as by caregivers who provide services on a paid basis. There is an acute need for specially trained social workers, **whose number in the country is rather small**. In 2021, there were only 2,239 social workers, but in 2023 the number of social workers increased to only 2,352. The current **rate of expansion of social work coverage of the elderly in need of care does not keep pace with the rate of growth of the aging population in the country** (Figure 11).

It should be noted that 2,352 assistant social workers provide care services for the formally registered 18,417 elderly persons considered in need of care according to the legislation and receiving care at home. This means that there are almost 8 elderly persons in need of care per worker. Assistant social workers purchase food, medicines, clean the living quarters, prepare meals and assist with hygiene procedures.

Private «caregiver» services are mostly provided by women without individual contracts with employers. Most often these are services of low quality, provided without specialized education. Only a few universities in the country train professional social workers, among them Puchon University, Herzen Pedagogical University.

The bulk of care work worldwide is performed by unpaid caregivers, predominantly women of different ages ([ILO, 2018](#)). The situation is the same in Uzbekistan, where, according to the UN Voluntary Report, women represent 92% of all those engaged in unpaid care work ([VNR, 2023](#)).

According to the Family Code, Article 109, able-bodied adult children are directly obliged by the State to support their incapacitated parents in need of assistance. Otherwise, elderly parents are entitled to receive alimony through the courts in an amount not less than 11.75 per cent of the established minimum wage. The children are also responsible for providing additional expenses in case of illness ([Family Code, Title 5, Article 109.1998](#)). The Code also does not exempt a child from care responsibilities if the elderly parent is supported by state or non-state institutions. Thus, the state partially abdicates its responsibility to provide necessary care to its own citizens at the legislative level. It should also be noted that this Code was adopted in 1998, which makes it relatively outdated to modern realities. Article 124 of the same code also extends this obligation to the grandchildren of elderly people in need of care, if their direct children are unable to provide them with the necessary means and proper care.

With the abovementioned care obligations, **one of the main gaps in the elderly care system is that there is no support system for family members engaged in direct care of the elderly at home, either in terms of money or services**, with the exception of

the possibility to include in the caregiver’s work record the period of care for the elderly over 80 years of age, but only if a medical report proves that the person is in need of care ([UPL24, 2022](#)). However, there were 243,669 people over the age of 80 in the country as of 2023 – 0.6% of the total population or 12.6% of the population over the age of 65. The elderly over 80 often suffer from dementia, and other conditions that require expensive medications, constant care, and the presence of a caregiver. Family members caring for the 80-year-old elderly are forced to quit their jobs, resulting in the loss of their source of income. Thus, a vicious circle is created. It is obvious that **caregivers need support in the form of services of social workers and compensation for lost work, to ensure decent care for the elderly and to prevent the burden on the state budget.**

Moreover, **the age of 80 years for receiving social services should be lowered. With the current level of medicine and the lack of mandatory preventive check-ups and treatment for the elderly, the elderly require care at an earlier age. It would be advisable to simplify the evidence base on the need for care.**

Another important issue in elderly care is the issue of **pension payments**. As mentioned earlier, the number of people of retirement age in the country is increasing, which means that the number of people receiving pensions is also increasing. One of the aspects of the social protection system in the country is **the fact that the recipients of various types of pensions are included in one statistical category**, which includes persons receiving pensions for disability, loss of breadwinner and those who have reached retirement age. This creates uncertainty in analyzing the exact situation regarding only persons of retirement age, and therefore the study to determine the amount of funding for this separate category.

Indicators	2018	2019	2020	2021	2022
Number of persons receiving pensions and social benefits total, thousand people	3690,3	3878,4	4029,3	4253,1	4578,1
Minimum amount of retirement pensions, thousand UZS	396,5	436,1	513,4	623,0	698,0
Average amount of assigned monthly pension, thousand UZS	640,5	733,2	848,5	963,6	1080,8

Table 8: Main indicators of pension

Source: based on UZSTAT 2023 data

At the same time, the average pension in 2022 was 1,080,800 UZS, with the average wage in the country at 3.89 million UZS, i.e. 27.8% of it (*Table 8*). ([Gazeta.uz, 2023](#)).

A gap in the system of care for the elderly is also the **incomplete coverage of pensions for the elderly** who have reached retirement age, according to the target indicators of the Strategy for Social Protection of the Population of the Republic of Uzbekistan» ([No. PD-175.2022](#)). **Thus, as of 2021, only 77.9 percent of citizens of retirement age received pension payments. The target set by the Strategy is to cover 80% of citizens of retirement age by 2030.**

There is no system of long-term care for the elderly in the Republic. The entire burden is borne by family members. To help organize long-term care, families whose incomes allow them to pay for private services employ a paid caregiver. Low-income families are most often faced with a choice between paid employment to provide quality care or providing care themselves in the family. **Long-term care providers need support from the state, such as training to provide quality care and financial support for medications. Providing long-term care should become the responsibility of the state, through providing families with access to quality public social services, providing social workers, covering the costs of long-term care from social insurance funds.**

The category of persons receiving pension payments is unified into one group, regardless of the reasons for receiving pensions. That is, elderly citizens who have retired on a well-deserved retirement are equated in the issues of receiving pensions with persons with disabilities and persons in whose families there was a loss of breadwinner. This reduces the «flexibility» in case of possible issues of reforming the pension system concerning retirement pensions.

The institution of both private and public boarding homes in the country is also weak. This is probably influenced by the existing mentality of society and the negative attitude of the majority of the population to homes for the elderly. The few boarding homes that exist today are mostly medical institutions, the contingent of which is «mixed» with persons with disabilities not of retirement age. In other words, pensioners who do not have disabilities, but need care in order to maintain a comfortable standard of living, have neither private nor public institutions specializing in assistance to the elderly.

Currently, the institution of social workers is poorly developed, which is expressed in their insufficient number, poor working conditions, low wages, with a workload of almost 8 people per worker; as well as low coverage of the services of social workers for elderly people in need of help.

In accordance with the President's Decree «On Measures to Improve the System of Social Services and Assistance to the Elderly and Persons with Disabilities in Need of Companion Care» it is envisaged to:

- implement the flexible working hours for the provision of services by assistant social workers to single elderly and persons with disabilities who have limited capacity for self-care, independent mobility and orientation, on all days of the week on an hourly basis;

- implement a system for evaluating the performance of assistant social workers once a month, based on the results of which a special fund for financial incentives for assistant social workers is brought up to 50 percent of the payroll fund (*No. PD-319, 2023*).



Thus, the elderly care system is focused on the elderly living alone and persons with disabilities. The gap is the elderly who need care but have children. Caregivers from low-income families, mostly represented by women, face the problem of combining paid work and care work. In order to provide proper care, a source of funding is needed to buy medicines, diapers, food, transportation and accompanying the elderly to health clinics, but at the same time caregivers have to devote all their time to care and stay close to the elderly and give up paid work.

No national survey has been conducted to identify the need for elderly care in the country.

3. International experience in the development of the care system

The increasing demand for care services and their insufficient supply require the promotion of effective care policies. If in 2015 2.1 billion people needed care (of which 0.8 billion were under six, and 0.2 billion were older people), then by 2030 the demand is expected to increase to 2.3 billion – this will happen due to adding 100 million older people and 100 million children aged 6 to 14 years (*ILO, 2018*). The global average for government spending on social security is 12.9% of GDP, rising to 17.4% of GDP in Europe (*ILO, 2021b*); of this, 7.7% is for benefits for the working-age population, 10.7% for old-age pensions, and a smaller figure of 1.5% for funding child benefits (*ILO, 2021a*).



In this section, we are going to focus on international experience in addressing the issues of ensuring an enabling environment for caregivers and those in need of care, through policies aimed at balancing their paid and unpaid work, through the institutionalization of care services, the equal distribution of unpaid care among family members, the expansion of their opportunities in the labor market, and the creation of legal and institutional mechanisms in this area. (*Ilkkaracan & et al, 2015*).

Meurs identifies the following successful care policy models from around the world:

	basic care services	source of financing
Sweden	paid out-of-home care	state
Germany	paid family home care	state
USA	paid non-family in-home or out-of-home care	market

Source: Meurs, 2022

Our goal is to find best practices and policy models that promote quality care delivery without the high social costs that result from unequal distribution of unpaid care.

3.1 Foreign experience in child care

Increasing access to quality childcare and increasing women's employment has become a national priority for many countries.

According to research by international organizations, Sweden, Norway and Iceland are in the top three places in the ranking of family-friendly policies (*Chzhen & et al, 2019*).

Economists studying gender issues have suggested that effective care strategies should focus on improving care infrastructure, ensuring universal access to care services and creating new jobs, both in care and related sectors of the economy. Increased investment in care, health and education is equally essential (*Ilkkaracan, 2013*).

Worldwide, it is estimated that only 83.6% of mothers with newborns have access to maternal health programs, (*ILO, 2021b*).

One of the most important points in improving childcare is parental or maternity leave, which provides support to caregivers. Furthermore, given that women are the primary caregivers, in cases where men are also able to take leave to assist with caregiving, women's burden can be reduced.

Iceland

Iceland has a flexible and generous parental leave system. Iceland's Maternity/Paternity and Parental Leave Act aims **to ensure that the child has access to both parents and to enable parents to combine work and family life**. Iceland granted women the right to three months of parental leave in 1980, and eight years later men were granted similar rights. (*Bjorn Thor Arnarson & Aparna Mitra, 2008*). In January 2021, Iceland expanded the parental leave system from 10 to 12 months combined for both parents. Parents can divide the leave period equally between themselves. Each parent is entitled to six months of leave and **80% of their income** if they work full-time.

Finland

Finland has a flexible policy on parental leave. As of 2021, Finland grants leave to both parents, regardless of their gender or whether they are the biological parents of the child. Mothers who have just given birth are entitled to a maternity allowance and maternity leave, while fathers are entitled to parental leave. Mothers receive maternity allowance during pregnancy either in the form of a maternity package or a tax-free lump sum of €170 (as of 2023). Maternity leave begins no earlier than 50 working days and no later than 30 working days before the expected date of delivery. The Finnish Social Insurance Institution (KELA) pays maternity benefit for 105 working days. Fathers may take parental leave for a maximum of 54 working days after the birth of a child. Of these, the father can stay at home with the mother for a maximum of 18 working days, i.e. approximately three weeks. During paternity leave, KELA pays paternity allowance (*ec.europa.eu, accessed August 2023*).

The Finnish care system, which provides generous state support to childcare organizations, promotes greater freedom of choice for parents in deciding when to return to work after maternity leave (*Saxonberg, 2009*).

An important tool to ensure the quality of child care services is **licensing and further monitoring to ensure that services meet national standards**. Licensing is a prerequisite for preschools in the United States, Canada, New Zealand. The UK, Germany, Luxembourg and Belgium have introduced licensing for childcare and home-based services (*OECD, 2015*).

Scandinavian countries

The Scandinavian countries are exemplary in promoting policies to create conditions for successfully **combining unpaid care with paid employment** by providing affordable and high-quality services, a wide network of childcare organizations, extended parental leave, subsidized childcare and flexible working hours. This approach creates an enabling environment for women to reconcile professional and family responsibilities, providing decent childcare (*Sevil, 2014*). The Swedish childcare model is also valued for its public support for young families, through subsidized housing, preferential taxation for young families, employment opportunities, and other forms of support.

France

France's childcare system also contributes to women's economic empowerment by reducing gender inequalities in the labor market, providing subsidized childcare services, and reducing parents' caregiving burden. Parents can send their children to both public and private nurseries as soon as the child is three months old. This coincides with the end of average maternity leave. French public crèches and PSEOs are funded by local and regional authorities and are paid for by parents. In addition to public and private pre-schools, **a system of professional certified nannies is common in France**. The certificate is obtained after 120 hours of training and authorization to work in a certain region. If certified, nannies can take up to 3-4 children in their homes (*Dimitrijevic, 2023*)

Turkey

Turkey has recently taken significant steps towards **formalizing the employment of women caring for young children at home**. To this end, the Social Security Organization of Turkey has initiated the EDU-CARE and INST-CARE programs in 2019. These programs include financial support as well as activities to improve organizational structure, legal compliance (*ISSA, 2022*).

Kazakhstan

Kazakh legislation allows both mothers and fathers to take unpaid parental leave until the child reaches the age of 3 years, and this time is counted as part of their employment history (*Labor Code, 2015*). Paid parental leave has been extended to 1.5 years from 2023 (*Social Code, 2023*). Leave for pregnancy and childbirth is 126 days; in connection with the birth of a child, all women receive a state lump-sum benefit (*Social Code, 2023*). However, the amount of benefits and payments is insufficient to cover the basic needs and requirements of families to care for a child. Currently, Kazakhstan is taking measures to develop the service of social workers for child care at home, the **«institute of social nannies»**, in order to support women from socially vulnerable strata of the population who provide care at home (*Methodological Recommendations, 2020*).

Caregivers Employer support

Various studies have shown that **employer-supported childcare** reduces absenteeism and that childcare policies are associated with reduced turnover and tardiness (*Glass & Estes, 1997; Seyler et al., 1995; Ransom & Burud, 1989*) link employer-supported childcare policies as positively affecting productivity and performance. There are also positive effects related to commitment to the organization and enhanced employer reputations (*Ransom & Burud, 1989*). Martur, an automobile component manufacturer in Turkey, reduced employee turnover by 15% by offering childcare benefits.

Support for children from low-income and disadvantaged families is common in many Western countries. Scotland introduced free care for 2-4-year-olds from disadvantaged families for 600 hours per year in 2014. The Netherlands implements targeted programs in early childhood organizations. Norway has also introduced a range of benefits, including reduced fees for PSEOs, setting a limit of no more than 6% of family income (OECD, 2019). The French National Family Benefits Fund has developed an electronic platform, Birth pathway, providing information on available services and benefits, for women during pregnancy and until their children are 3 years old. This website interacts with all social protection organizations responsible for benefits, insurance, employment assistance and others, making it much easier for women to access services (ISSA, 2022).

Policies aimed at increasing the institutionalization of caregiving, parental leave for both parents, flexible working hours, allowances and other support for caregivers at home thus contribute to a more equal distribution of unpaid work and care work in the family, increasing women's access to decent employment.

3.2 Foreign experience in elderly care

The combination of a growing population and an aging society is increasing the demand for elderly care services globally.

Case study UK

Since 2013, Thurrock Lifestyle Solutions, a provider of disability services in Thurrock, UK, has introduced a unique innovation in the management of social enterprises and care organizations by appointing people with disabilities as leaders in publicly funded care organizations. With the support of an independent advisory group, these leaders set direction, ensure that the organization uses its resources appropriately, hold the management team accountable for performance and protect the interests of shareholders (Ben Collins, *Social enterprises in health and care*, 2020).

In England there is an effective system of home care for older people called Home Care. Home Care is a the leading UK Home Care review website with 12,383 Providers, 3 million visits per year and 59,408 Home Care reviews (homecare.co.uk, accessed 2023).

Scandinavian countries, the welfare states, have the best systems of care for the elderly.

Sweden finances elderly care through municipal taxes and government subsidies. The population aged 65 and over in Sweden is currently 19.5% and is expected to reach 20-25% of the total population by 2030. Currently, 11% of Sweden's GDP is spent on health care, with 4.1 doctors per 1,000 people. 19% of the population aged 65 and over receive

social services and 60% are provided with home care. Public services predominate and private sector participation is low. Most of the costs are covered through local or national taxes (Asadzadeh & et al, 2022). Anyone living in Sweden with a low income and without the ability to support themselves in any other way is eligible for social assistance. Legally, parents are not obliged to support their adult children and children are not obliged to support their parents (ILO, 2004). Sweden **has developed an effective system of monitoring the quality of services and the volume of funding.** The social security bureaus of local self-governments, which finance the costs of social assistance, are supervised by the National Health and Social Security Council and state structures at the regional level. **Standards for the amount of social assistance are developed by the government based on the daily expenditures of the beneficiaries, while the costs of housing maintenance and other needs are considered separately depending on the size and structure of the household** (number of household members, employed/unemployed, number of children/elderly, etc.) (ILO, 2004).

The experience of **Denmark**, which has the most universal long-term care system in the world, is interesting. Denmark offers extensive social rights and marginalizes the role of private formal social care (Henau & et al, 2016). Long-term care in this country aims to improve the quality of life of those in need of care and increase their ability to take care of themselves. According to 2016 data, the percentage of seniors receiving home care in long-term care was 13.1%, 8.4% received a preventive home visit, 7.2% resided in nursing homes, and 1% were rehabilitated. Long-term care is funded by local taxes, provided free of charge by local councils (ESPN, 2018; Henau & et al, 2016), available to anyone in need and guaranteed to. Denmark has one of the lowest rates of informal care in Europe, and furthermore, informal caregivers are well supported and can claim a care allowance to compensate for lost wages (OECD, 2011). The government is increasingly favoring home-based care for the elderly, prolonging their stay at home instead of residential care. Research demonstrates that in addition to the moral side of the issue and the preference of the elderly themselves to live at home, there is an economic benefit, as the cost of supporting home care is cheaper for the state than institutionalization of the elderly. (Johnson & et al, 2018); (Chappell & et al, 2004). Home care is provided free of charge by the state. The basic pension for the elderly is about 1000 euros per month, with additional benefits and allowances, totaling an average of about 2400 euros per month. Pensioners in Denmark receive one of the highest pensions in the world. Moreover, caregivers of the elderly receive a care allowance. (enpf.kz, 2023; Henau & et al, 2016)

The health care system in the **US** is largely private, people pay for insurance that covers long-term care in the future. The Medicaid program covers medical expenses for the poor, more than half the cost of nursing home care. In 2014, nearly twice as many women (11.2%) as men (6.1%) over age 85 lived in a nursing home (Henau & et al, 2016). According to the Acorn Stairlifts survey older adults prefer informal or family care and 90% of older adults surveyed said they would prefer to be at home in old age (Acorn, 2020).

An important difference between long-term care in **Japan, France** and **Israel** is that **nursing homes here are not part of the social sphere, but of the health care system**. This practice is effective because most of the elderly need medical supervision in addition to nursing care (Selezneva & et al, 2022).

Canada has a well-developed system of long-term care and government programs for home care for seniors. As of 2021 and according to the Canadian Institute for Health Information, there were 2,076 nursing homes in Canada. 46% of these are public and 54% are private, (29% private-for-profit, 23% private-non-profit, and 2% private). This shows that the private sector plays a crucial role in the long-term care system. («*Long-term care homes in Canada: How many and who owns them?*» 2021). Home care services in Canada are in high demand and much cheaper than institutional services. An important argument in favor of home care is that it allows seniors to remain independent and for the government to reduce the burden on long-term care organizations» (Johnson & et al, 2018); (Chappell & et al, 2004).

The long-term care system in **Italy** is different and less developed compared to other OECD countries. Less than 2% of elderly Italians use the services of nursing homes. Also, as in Central Asian countries, care for elderly relatives in Italy is considered a family responsibility, and formal long-term care is provided when a person has no family to care for him or her (Henau & et al, 2016).

In **Austria** and the **Czech Republic**, social benefits are available for family members who act as guardians (Genet, 2012).

The experience of the **USA** and **Japan** in establishing day care centers for the elderly deserves attention. The centers provide a variety of cultural and mass activities, necessary care and opportunities for communication with peers and do not imply living in them. Taking into account the mentality of Central Asian countries in relation to homes for the elderly, this form of care is more preferable for CA countries to provide necessary care and opportunities for socialization and communication for the elderly.

In Japan, private geriatric centers have been established since 2000 at the same time as long-term care insurance was introduced. Social insurance for long-term care, which covers future care at home or in residential care centers, has also been introduced in Germany, the Netherlands, *Luxembourg* and *Korea* (Cylus, 2021). **Long-term care insurance guarantees income stability in old age.**

In developed countries, the problem of providing care for those in need of care is addressed at the same time as the problem of **supporting caregivers**, including informal care provided at home. In Finland there are cash benefits for care in the form of vouchers for caregivers, in Ireland there are home care grants, in England there are direct payments to caregivers, and in the Netherlands there are personal budgets. Support for caregivers is

an important public policy tool to ensure their quality of life (Bouget & et al, 2016; Glennding & et al, 2009; Jones & et al, 2014). For those who are forced out of work due to the need to care for a loved one in need of care, these benefits are often the main source of income for the family. (Marczak & et al, 2017). *It is evident that «the higher the amount of cash care benefits, the greater the likelihood of providing care, especially for low-income individuals» (Bouget & et al, 2016; Skira, 2015)*

Governments in many developed countries have also made significant efforts to create conditions that favor the **reconciliation of unpaid care with paid employment** by introducing flexible working arrangements, paid or unpaid leave for workers in main paid employment (ILO 2018); (Marczak & et al,2017), (Courtin & et al, 2017)).

Japan, allows caregivers to take 93 days of **unpaid long-term care leave**, which can be divided into three parts as needed for effective caregiving, as well as the right to flexible working hours for the duration of caregiving and exemption from overtime. Research has shown that to keep people in the workforce, long-term leave and reduced hours are more effective for short-term caregiving, while flexibility in work schedules is more appropriate for long-term caregiving (Ikeda, 2017), (Cylus & et al, 2021).

The prevalence of informal employment and the resulting lack of pension contributions in the future will place a serious burden on the public social security system, the basic universal pension system. In this respect, **Monaco** has addressed this problem by legislating to give the self-employed the same rights as employees to family benefits as of 2020 (Monaco, SSF, 2020).

Malta has rolled out the "Making work pay" program since 2014 to train and provide formal employment to the informally employed with the support of private sector employers. Such programs contribute to employment growth, poverty alleviation, reduction of benefit dependency (ISSA, 2022).

In some countries, such as the Netherlands, Norway, Slovenia and Sweden, **formal contracts have been introduced to formalize and regulate the duties, responsibilities and working arrangements of informal caregivers**. However, available data demonstrate that the incomes of formal care workers are still higher than those of informal care workers (Genet, 2012).

A significant amount of care for the elderly is currently provided by non-professionals. 52 million Europeans provide unpaid care to the elderly, without any remuneration and often without the possibility of paid employment. 90% of unpaid care is provided by women. Less than half of Europeans in need have access to full care. 90% of the elderly over 75 need care, but only 42% of them receive help (Ursula von der Leyen, 2022)

In the context of a shortage of professional care workers, informal care workers without proper qualifications in Denmark, the UK, Ireland and Italy receive certain additional

payments as an incentive (*Bornia et al., 2011 in ISSA, 2022*). **Training and education of care workers and formalization of care work is now an important priority of policies to improve care** (*Bornia et al., 2011 in MACO, 2022*).

To ensure effective long-term care, European countries have introduced **quality assurance monitoring**, which is carried out at national or regional level by an **organization independent of the government**. For example, in Luxembourg this function is performed by the State Office for the Evaluation and Monitoring of Long-Term Care Insurance, and in Portugal by the National Network for Long-Term Care (*Ces & Coster, 2019*). In Germany, both public and private insurance funds **audit long-term care services for compliance with quality standards, the results of which must be publicly available** (*Ces & Coster, 2019*). Accreditation of care organizations is mandatory in almost all countries. Accreditation of a care organization/company is an effective tool for assessing the quality of services provided, staff qualifications, infrastructure, organizational strategy, etc. To assess the quality of home-based services, the opinion of the service recipients themselves and their loved ones is taken into account (*Ces & Coster, 2019*). **These quality assessment tools apply to both public and private services.**

In most countries, **information on unmet care needs is not systematically collected** (*Genet, 2012*).

Thus, the demand for long-term care for the elderly is increasing worldwide. There is a growing preference for home-based care, primarily because of the mentality of society and the preference of older persons themselves to live at home, but also because of the economic component associated with the lower cost of home care services to the State compared to institutional care, such as residential care or boarding homes. However, **the lack of government support for home care providers increases the workload of providers**, limits their access to decent employment, and deprives/reduces their retirement savings. And women are the main providers of unpaid and paid home care.

European countries are actively using a variety of methods to increase pension payments, partially delegate responsibility for elderly care to the private sector, incentivize the activity of older people and delay the retirement age (*ISSA, 2022*).

In developed European countries, the infrastructure and provision of home care are available, and a financial framework has been created to ensure the availability of at least some types of services (*Genet, 2012*). Developed countries implement a variety of tools to support home care providers (both formal and informal, paid and unpaid) in the form of benefits and allowances based on daily costs and sufficient for a decent living, professional development, paid and unpaid vacations, flexible working hours, etc.

Due to the growing demand for care and the shortage of professional care workers, it may be advisable for some countries with large informal care workforces to take into account the experience of **Austria, Cyprus** and **Italy in legalizing and formalizing**

informal care (Genet, 2012). For the governments of these countries, it would be advisable to initially improve working conditions and introduce additional payments to informal care workers, which would reduce the budgetary costs of long-term care. The following measures could be important components of policies to meet the growing need for care: creating favorable conditions for caregivers to combine care for their loved ones with their main paid job; educating and training professional care workers; promoting healthy aging and social inclusion of the elderly to increase social capital; and developing a culture of volunteerism. (Genet, 2012).

Case study. Overview of the PSEO system in Sweden and Germany

Since 1970, Sweden, as part of its family policy, has been opening PSEOs, which has led to an 80% coverage rate for children aged 1 to 5 years.

The government's initial goal was to improve the possibility of combining parenting and career. Due to the development of the socio-economic model, the country has a «tradition» of progressive taxation in a number of spheres, which has also affected the PSEO institution, where the cost of services depends on the income of the beneficiaries, to the point that low-income families can receive these services for free, while high-income families can pay up to 135 euros per month, thus balancing the budget. Thus, a model has been implemented where parents can enrol their children in PSEO regardless of their occupation and age (e.g. student parents) (Si, 2023).

Kindergartens in Sweden are municipal organizations with admission of children from the age of 1 year and further pre-school training for one year. The hours are from 6 a.m. to 7 p.m. (*«Big plans for the smallest ones – Qvant,» 2021*).

The country also boasts a high-quality curriculum, which includes values, the pursuit of knowledge, general basic knowledge, teamwork, and respect for others. More recently, the country has introduced gender-neutral programs in the PSEO sector that provide the same educational and recreational programs regardless of the gender of the child.

The quality of the PSEOs is reflected in the high requirements for staff, such as the need for higher education, a license from the Ministry of Education, specialized secondary education and accompanying staff (nurses, cooks). It is worth noting that up to 5% of educators in the country's PSEO centers are men, which is quite high in this area. Classes are periodically held with trips to nature, under agreements with local enterprises (farms, sanatoriums, nature reserves) (*«Big plans for the smallest ones»*). – *Qvant,» 2021*).

In Germany, kindergarten attendance is not compulsory, but there is a deficit in the organization of preschools. There is also a flexible system of payment depending on family income, but it is expressed in the form of social assistance, which the municipality is ready to pay as a proven difference between the parents' possibilities and the cost of kindergarten,

provided that the parents prove the need to attend this particular kindergarten. Unlike Sweden, most kindergartens in Germany are owned by private individuals, patrons of the arts, special NGOs and religious organizations. (*Wedia, 2023*).

In connection with the above, the educational programs may differ depending on the affiliation of the PSEOs and also geographically, as Germany is a federation with pronounced differences from Federal State to Federal State.

For example, there are «forest kindergartens», where children are mainly cared for and educated in the fresh air; or there are farm kindergartens, which exist as an ancillary enterprise on agricultural sites and are opened by local entrepreneurs, where children learn to interact with animals and plants from an early age. The last year of kindergarten in Germany is the pre-school year and, depending on the arrangements, can take place in the schools themselves in order to adapt the child to the school environment. (*«Big plans for the smallest ones – Qvant,» 2021*).

3.3 Market-based models of care: international experience

Since the 1980s, increasing life expectancy and population ageing, along with the growing economic and political empowerment of women in OECD countries, have led to an increasing demand for care services. The inability of public institutions to cope with the increased demand encouraged the development of private care services. The idea was to promote competing care organizations, where a market economy would require that players providing quality services and respond quickly and flexibly to changes in demand would stay afloat.

The establishment of private services in developed OECD countries has built on the established infrastructure and experience of existing developed publicly funded care services and non-profit public services provided by the third sector (non-profit organizations).

Depending on changes in socio-economic and demographic situations, countries' care policies have also changed, from universal care coverage to targeted care, but in larger amounts and only for those most in need. This led to a decline in care coverage in the late 1990s and early 2000s (*Kröger, & et al, 2019; Kröger and Leinonen, 2012; Szebehely and Meagher, 2018*).

Care policies have different consequences in different countries. In **Finland**, for example, the situation is that **older people do not have clear legal rights to care services, and the availability of services depends more on local policies and private providers.**

Both public and private care services in Finland tend to be more accessible in urban than in rural areas (Kröger, & et al, 2019).

Commercialization in **South Korea** began in the early 2000s in the context of limited and underdeveloped public institutional care services and the prevalence of informal care. Prior to 2008, informal care, provided directly or indirectly by family members, prevailed in Korea. Moreover, the country did not initially develop a system to assess the quality of private care services. **This has led to worsening care problems, poor service quality, elder abuse and corruption.** A mandatory regular evaluation system for long-term care was introduced in 2011, initially every two years, starting in 2017 – every three years (Jung & et al, 2023).

Korean long-term care is based on social insurance contributions and tax revenues. Private organizations have received significant benefits, in the form of relaxed accounting reporting, and the abolition of the license to provide care services, which has given them greater independence. This has enabled private organizations to operate smoothly to maximize profits even at the expense of service quality.

In an effort to retain private players in the care system, the Korean government has maintained **preferential treatment for private organizations for a long time, and only introduced strict accounting in 2018** (Jung & et al, 2023). Also, the Korean government has increased government control and accountability of private organizations in elderly care, nevertheless the role of private organizations has been prioritized. **In Korea, as well as in other East Asian countries, the focus of social welfare programs was no longer social protection but economic productivity** (Holliday, 2000; Walker and Wong, 2006 in Jung & et al, 2023), **and public social welfare was considered unproductive and inefficient.** The share of public services in social services in Korea is very low: **1.0% in long-term care in 2019; 14.0% in child care services in 2020; and 5.7% in medical services in 2019»** (Jung & et al, 2023).

Case study. Review of the care system for the elderly, using South Korea as an example

South Korea has one of the highest population burden ratios among Asian countries at 37.1% as of 2022. 11.4% of the population is over 65 years old. At the same time, the average life expectancy in the country is 75.8 years for mens and 82.5 years for womens, which creates a social demand for a developed system of care for the elderly population (Countrymeters.info, 2022).

Confucianism in South Korea involves a traditional view of elder care, in which the younger generation takes care of the older generation. This type of care is unpaid and home-based. However, with increasing urbanization, the country has gradually moved away from the traditional system in favor of an institutional system. Senior Centers («Senior Centers») became an amalgamation of these views. These volunteer-based organizations

have become daytime recreational centers where seniors can pursue their hobbies, socialize, get acquainted, and receive medical care if needed. As of 2018, there were 66,286 such centers and 385 social welfare centers nationwide (*«Long-term care system in Korea,» 2020*).

In 2000, South Korea crossed the threshold of 7% of the elderly population, which gave it the status of an «aging society» according to UN standards. This fact prompted the government to establish a «Promotion Board of the long-term care (LTC) system for the Elderly». In the same year, Japan launched a long-term care insurance (LTCI) system, which was also adopted by Korea in 2008.

LTCI is a public insurance system in which all citizens over the age of 40 make contributions based on their income. At the same time, all senior citizens over 65 years of age can claim benefits, regardless of the amount of premiums paid (also persons under 65 years of age with chronic diseases and disabilities can claim insurance). This insurance can be used both to receive medical care for age-related illnesses and to pay for home care or nursing home care. There are restrictions on the services you can get from this plan. That is, for certain services, only basic needs can be covered, while for others, the full range is covered. Often, however, the additional necessary services are compensated for and paid for through various benefits, pensions, other insurance policies and low-income benefits (*«Long-term care system in Japan,» 2020*).

People over 65 in need of care must submit a formal application to the insurance agency, after which specially trained agents visit the applicant at home and assess his or her condition using a 90-point list and a point system to assess the level of services needed (or denied). A special 15-person panel, which must include a gerontologist, then makes a decision.

There is a strict monitoring system in place, whereby every two years the elderly undergo a mandatory medical check-up to determine the level of care needed if their condition improves or deteriorates.

The level of quality of services received remains extremely high due to the fact that service providers are overwhelmingly private organizations, as a market response to the growing demand for elderly care in Asian countries. Nursing homes cost between US\$800 and US\$1,100 per month, of which, depending on the various parameters described above, 80 to 100% of the cost can be reimbursed (85-100% for home-based services). It is worth noting that many nursing homes in Korea are not medical facilities and are prohibited from providing direct medical services, but there is a practice of doctors visiting the homes twice a month for monitoring purposes. The quality of nursing homes is assessed by NHI (National Health Insurance) every three years, and this assessment is publicly available, which also increases the level of competition and therefore the quality of these organizations. (*«Long-term care system in Korea,» 2020*).

Kazakhstan, in the 1990s, after the collapse of the Soviet Union, lost its widely developed network of preschool organizations, which led to an acute shortage of places in kindergartens. Of the 8,881 kindergartens operating in the country in 1991, only 1,106 organizations remained in the early 2000s (*Nugmanova & et al, 2020*). To address this problem, in the 2000s Kazakhstan adopted a number of regulations and programs to attract the non-state sector into the care sector. In 2006, the Law of the Republic of Kazakhstan «On Concessions» was adopted, which allowed for the concession of objects of «social infrastructure and life support in all spheres of the economy» (*Law on Concessions, 2006*). This law defined the services of preschool organizations as socially important. In 2010, the country adopted the «Balapan» program with the goal of achieving 100% coverage of children with preschool education by 2020, which envisaged increased investment in this sector, development of the private sector in the preschool system, construction of new preschool institutions and nationalization of preschool institutions privatized in the 1990s, provision of state educational order in preschool organizations and subsidies to private preschool organizations (*Balapan, 2010*). In 2015, **the Law on Public-Private Partnership was adopted to create conditions for attracting private capital and develop a mechanism for implementing public-private partnerships. In order to create financial and economic incentives for entrepreneurs, many requirements for opening new preschool organizations were simplified, licensing was abolished, and tax benefits were provided** (*PPP Law, 2015; Tax Code 2008 and 2017*). This policy has contributed to a dramatic increase in the number of private PSE organizations. «In 2018, of the 788 new PSE organizations created, 711 were private.» In 2021, there were 10,871 preschool organizations in the country, of which 5,898 were public and 4,973 private, 6,470 in urban areas and 4,401 in rural areas (*Nugmanova & et al, 2020*). Nevertheless, the problem of shortage of places in preschool organizations in the country is still not solved. Moreover, **relaxed requirements and introduced privileges in the absence of uniform quality criteria for educational services and independent evaluation have contributed to problems in the development of preschool organizations.** Funding of PSEOs in Kazakhstan is provided by the local executive body through a state order on a per capita basis. The state order for PSEOs is placed with both public and private organizations. However, the amount of this state support does not cover the basic needs of the organization for child maintenance (*Meurs, 2022*). Currently, private kindergartens dependent on state contracts are in a difficult situation, as price hikes reduce demand for services. Currently, the government of Kazakhstan is working **to improve quality, develop uniform quality criteria for educational services, introduce voucher financing, and bring back the practice of licensing of preschool organizations.**

Kazakhstan is also implementing the state program «Digital Kazakhstan», promoting easier access to services, proactively informing the population about childcare services, maternity benefits and childcare for children up to 1.5 years of age (*Kazakhstan, SSIF, 2018; akorda.kz, 2023*).

One of the ways to attract private capital is public-private partnership (PPP). One of the most common forms of PPP in the care sector worldwide is the **outsourcing of care services. Through this instrument, the state can support socially oriented private and non-profit enterprises and create a competitive market. The state retains control over the quality, efficiency and safety of services.** For example, in **Denmark**, local authorities must provide seniors with information about available long-term home care providers and they can choose their own providers. **Finland** and **Norway** provide vouchers for long-term care services and recipients also select their own providers and use their voucher, in a «money follows the consumer» approach, thus creating competition among care providers [Genet et al., 2012].

Thus, **for private care services to be introduced in a country, the preconditions for private systems must be met, namely «competitive market forces; objective evaluation of private enterprises; low transaction (operating) costs; a clear incentive structure; avoidance of 'cream-skimming' incentives; and trust in providers»** (Greve, 2003, 2009 in Jung & et al, 2023).

As the experience of other countries shows, the commercialization of care services should go hand in hand with the **establishment of a system for assessing the quality and safety of services, and the accountability of private organizations to the public and the state.** This will provide private providers with all the **necessary information, prevent investment risks for private companies and ensure the investment attractiveness of care services.**

Despite the existing risks and shortcomings of private care services related to quality and safety, **commercialization can contribute to job creation, innovation in care services, which can improve the quality of life and satisfaction of service recipients. «If the «choice and competition» model is properly designed, it can deliver efficient, responsive, equitable and high-quality services»** (Le Grand, 2007), (Appendix 1).

Digital platforms created through private-public interactions are now increasingly common around the world. Digital platforms facilitate more transparent and broader coverage of care services and are equally beneficial to both care providers and care recipients by providing access to data on labor market demand and supply (ISSA, 2022), (Appendix 1).

Thus, the commercialization of care services brings certain benefits to the state by solving social problems, responding flexibly and quickly to demand, creating additional jobs both in care and in related sectors of the economy, and reducing the burden on the budget. The benefits to the private sector are also clear, with diversification of activities contributing to profit maximization.

However, the commercialization of care services can also have negative consequences, such as poor quality, insecurity for beneficiaries, and limited access to services for socially vulnerable groups.

To prevent the risks of market models that focus on profit maximization at the expense of efficiency and quality of services, many governments have moved to introduce instruments to regulate commercial services, by regulating stricter licensing and certification of service provision, contracting, quality control and accreditation of care organizations by independent organizations, as well as setting national and regional standards for service delivery and the establishment of national and regional standards for the provision of care.

The State should take the lead in regulating care, in terms of financing, setting standards and regulations, evaluation and monitoring of service delivery, in order to guarantee access to quality care for children and the elderly (*ILO, 2018; Ilkkaracan, 2018*).

4. Commercialization

Based on international experience in commercialization of care services, as well as analysis of the situation in the country, we can summarize that the involvement of the private sector in the care sector covers the gaps related to the shortage of care services and contributes to improving the quality of services. The advantage of non-state PSE is that they have to target the needs of the population in order to attract a larger population. The involvement of the private sector has created additional jobs, both in care and in related sectors of the economy. Further expansion of commercialization should reduce the anticipated burden on the state budget associated with the growing demand for care services.

Due to the lack of institutional state institutions for care, as well as the limited state budget, Uzbekistan is turning to market solutions and commercialization of care services, introduction of the mechanism of public-private partnership (PPP).

This type of interaction between business and government can take different forms, have different mechanisms of implementation, but the goal is always the solution of public problems, but with the possibility of profit for the private sector.



Public-Private Partnership (PPP) in Uzbekistan

The Law on Public-Private Partnership (PPP) in Education was passed by the Legislative Chamber of the Republic in April 2019 (*No. ZRU-537, 2019*). In 2021, the Law on Education proposed to integrate the PPP mechanism in the field of PSEOs. As a result of the presidential decree «On Additional Measures for the Development of PPPs in POs» in April 2021 (*No. PPP-5071, 2021*), a phased issuance of credits for previously signed agreements was approved. Under this decree, 1,412 agreements were signed (*#PP-5071, 2021*). In May 2021, a presidential decree «On Additional Measures to Expand Preschool Education Services in the Regions» was issued to increase the coverage of preschool education services in the regions using PPP mechanisms (*PD-5125, 2021*).

In June 2021, the «roadmap» for expanding the preschool network in the regions approved by the President's Decree established additional benefits for non-state family preschools opened on a PPP basis. (*PD-5144, 2021*).

As a result, already in February 2020, the number of PPP-based PSEOs amounted to 6,776 units with an enrolment of 204,000 people. 84 organizations on the basis of outsourcing began to cooperate and provide services in 542 public PSEOs. A separate Cabinet of Ministers Resolution No. 626 in 2019 implemented a set of measures to promote the practice of creating direct arrangements with entrepreneurs for the delivery of food and ready meals, of proper quality and in compliance with all sanitary and hygienic norms. The «Month of Healthy Nutrition in PSEOs» was held in partnership with the Ministry of Health (*Cabinet of Ministers Resolution No. 626, 2019*). The result of this partnership was a series of seminars for cooks, medical staff and persons responsible for food storage and delivery based on best international practices. State experts in the field of medicine were involved for these events (*«Big plans for the smallest – Qvant,» 2021*).

Thus, already a year after the introduction of the PPP law in the country, significant results began to appear. The practice of concluding contracts between private companies and PSEOs with the involvement of various state and international agencies has emerged. However, if the social impact can be assessed as «generally positive», the issue of the commercial side for PSEOs and the state remains open.

Social Entrepreneurship (SE)

One of the commercial models designed to solve social problems is the institution of social entrepreneurship. The existence of social enterprises is the result of a partnership between the private and public sectors to solve social problems separately. The advantage of SE is the issue of employment of certain groups of people who are unable to compete directly on the labor market (people with disabilities, the elderly, people with socially significant diseases, former prisoners). The private sector is not sufficiently interested in hiring workers of this category, while the state is interested in reducing the burden on social investment by employing these citizens. The answer is enterprises that receive benefits from the state in certain aspects,

subject to a number of conditions, such as hiring socially vulnerable groups of the population, or producing goods for these groups of the population (prostheses, wheelchairs, etc.).

In Uzbekistan in 2022 the Entrepreneurship Code was adopted, one of the priorities of which was to define the legal regulation of social entrepreneurship as an institution. Before that, in 2021, the country had already attempted to adopt a law on social entrepreneurship, but the bill was sent for revision due to the need to revise certain norms in the law, in particular, the exclusion of certain segments of the population from the category of «socially vulnerable» («*The Head of the Ministry of Justice and Senators Argue About the Law on Social Entrepreneurship,*» 2021). Nevertheless, today the issue of social entrepreneurship is becoming more and more relevant in the country. The Entrepreneurship Code of the Republic Uz and the Draft Law on Social Entrepreneurship define social entrepreneurship as “activities of legal entities or individual entrepreneurs aimed at solving certain socio–environmental problems or mitigating their consequences; and a social enterprise as a business entity aimed at providing employment to socially vulnerable population, producing social goods, social services and solving environmental problems and included, in accordance with this Code, in the registry of social enterprises”. However, the register of social enterprises has not been created yet.

A «Social Entrepreneurship Fair» was held in 2023, which was attended by both entrepreneurs, government representatives and representatives of various UN institutions and agencies (*UzDaily, 2023*).

Social entrepreneurship at the moment has a favorable base for development in various fields as a response to social challenges in the country, (*No. PD-3782, 2018*), but in the context of care economy, social entrepreneurship is applied only indirectly, for example, as making inventory for persons with disabilities.

The status of social entrepreneur can be obtained by meeting certain criteria specified in the Entrepreneurship Code. This Code sets a number of requirements for obtaining this status, such as: a staff of at least 70% of employees from vulnerable groups, 90% of revenue must come from social activities, 50% of revenue from the sale of social goods and services, or the entity is involved in combating the consequences of emergency situations. One of the main obligations of a social enterprise is to reinvest two-thirds of the profits of the previous financial year in social enterprise activities or projects.

Thus, social entrepreneurship (SE) does not contribute to profit creation and cannot withstand competition from both the private sector and the informal sector. The development of SE in Uzbekistan has little prospects without government support, such as providing tax preferences, ensuring state order for their services and goods, ensuring the availability of electronic bidding for SE, social protection of SE employees and conducting trainings for social entrepreneurs. It is necessary to develop the social responsibility of the business sector and provide support from the private sector for social entrepreneurs. The state could create incentives for the private sector to provide a portfolio of orders from them.

Support from the state is also needed for Joint Ventures in marketing social products. It would also be advisable to improve the mechanisms of application of existing tools to support SE, to monitor compliance with existing quotas, for example, the quota for persons with disabilities does not always work (based on interviews).

Social Impact Bonds

One of the relatively new solutions in PPPs is the introduction of **Social Impact Bonds (SIBs)**. This mechanism has different names: Pay for Success Bonds (PSB), Social Benefits Bonds (SBB), Payment by Results (PbR) and Development Impact Bond (DIB) (*«Who succeeds gets paid,» 2011*).

But the essence is the same, a social impact bond (SIB) is a contract between the government, an investor and the private sector that provides financing to address social issues. A social impact bond, strictly speaking, is not a bond in the broad sense of the term, as the compensation is not paid out of the profits of the company, but out of payments from the government based on the results achieved in addressing the social issue. If the goals are not achieved, investors will receive neither income nor return of principal (*«SIBs – Social Impact Bonds,» 2015*).

Investing in Social Impact Bonds has been growing in recent years as a way for investors to contribute to society, and as a way for companies to expand their social responsibilities (*«Social outcomes partnerships and the life chances fund,» 2015*).

Social Impact Bonds are often a risky investment because they are **entirely dependent on the success of the social outcome**. Unlike conventional bonds, Social Impact Bonds are not subject to factors such as interest rate risk, reinvestment risk or market risk. However, they are still subject to default and inflation risks. They also provide the government with an instrument that does not focus on profit, but on the final outcome of a social objective, namely quality services.

Thus, two basic conditions are necessary for SIB implementation: the creation of strict **targets** for the social sector to achieve and the availability of social investors willing to provide **upfront capital**.

With SIBs, in many cases, if results are achieved, payments are made by the government, its institutions and organizations interested in improving the social system. Investors can be international financial organizations through central banks or funds established for this purpose.

The mechanism of SIB application works with the participation of five agents-parties: 1) attracted **investors**, which can be various donor organizations, large and medium-sized businesses, various funds and possible placement of these bonds with access for individuals, if this institution is developed in the country; 2) **«payer»** of compensation depending on

the achievement of results (most often these are government organizations); 3) provider of the transaction, which performs the role of the organizer and issuer; 4) **executors** of the transaction, the organizations themselves, designed to solve the social problem; 5) a mandatory **independent appraiser** who can provide analysis and assessment of the results achieved.

When concluding a SIB contract, an **investor** transfers the initial capital through the transaction **provider** to the direct **executor**, who is engaged in the solution of the assigned **social task**. **The executor** undertakes to spend the capital entirely on the fulfillment of the tasks given to him, while spending the capital entirely on the designated social objectives. **The state**, international organization, or other person acting as a customer who has set the goal, undertakes to pay the investors the amount upon achievement of predetermined indicators. The achievement of these indicators is determined by **independent experts**.

Accordingly, in the context of Uzbekistan, which already has a positive experience of successful issuance of SDG bonds, investors in SIBs can be large businesses, international exchanges and funds, international organizations. In the future, individuals can be attracted as well, if the financial system in the country is properly developed. Providers of the transaction in this case can be the Agency for Social Protection, or independent organizations. Private contractors, whose participation will be possible through tenders, can act as executors of the transaction. The state can pay compensation to investors depending on the achievement of results, using state funds, state budget, international financial organizations. It is advisable to hire independent experts to assess the results achieved.

Evaluating the success of Social Impact Bonds can be difficult because they are based on social impact, which is often difficult to quantify due to the existence of more variables than conventional bonds. As such, there are risks associated with the difficulty of obtaining funding. Perhaps the development and introduction of uniform quality standards for PSE and elderly care services will contribute to solving this problem (*«Social impact bond (SIB): Definition, how it works, and example,» 2012*).



The application of the SIB model has certain benefits for the state, helps to reduce risks and tax burden on the state, will facilitate access to social sector financing, increase the volume and efficiency of financing social services, reduce project risks and save taxpayers' money by reducing losses and freeing up the budget.

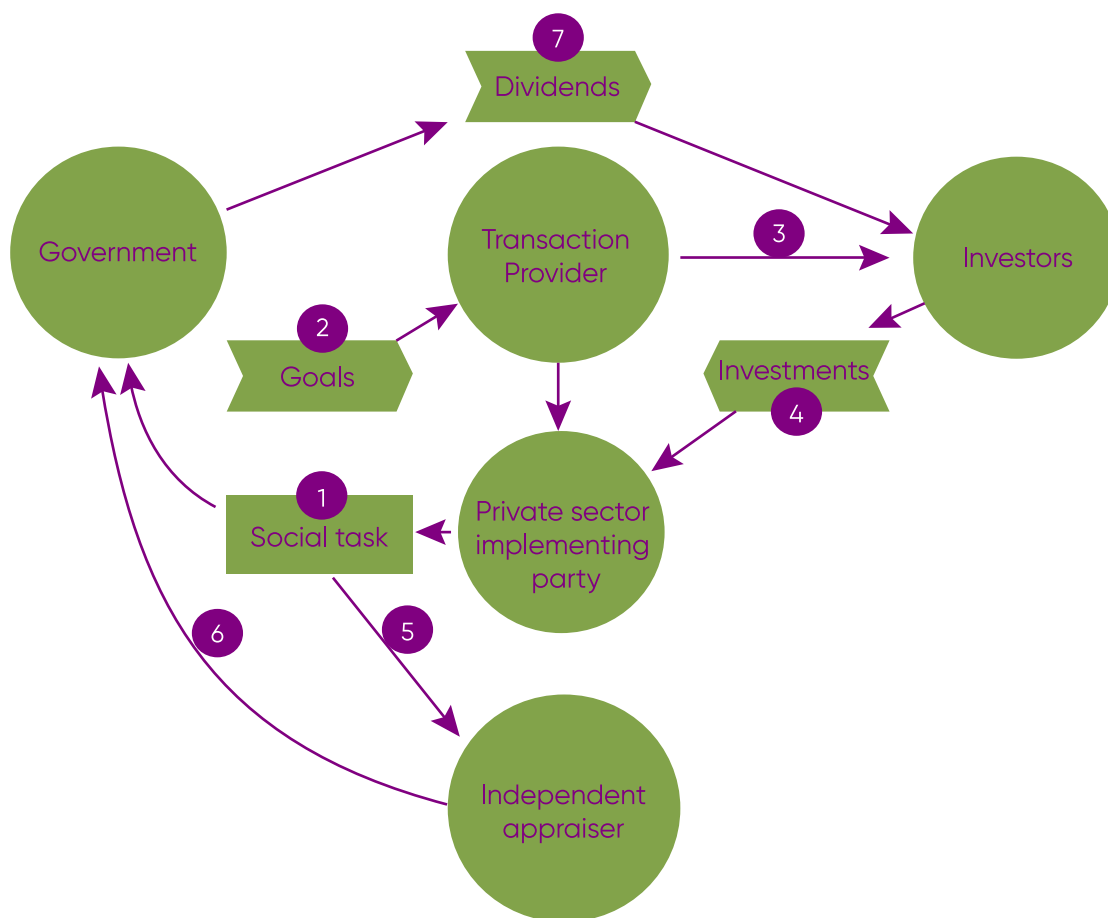


Fig. 12. Social Impact Bonds flow chart

Source: GERC

To prevent the risks of any market model from focusing on profit maximization at the expense of efficiency and quality of services, it would be advisable to introduce instruments to regulate commercial services, through contracting, quality control, independent accreditation of care institutions and the establishment of national and regional standards for service provision and mandatory monitoring of organizations' performance.

At the same time, the social responsibility of the state should consist in regulating the activities of the private sector in the field of care, defining uniform quality standards and for the public sector, ensuring the assessment and quality control of service provision. All these activities contribute to ensuring access to high quality care services for children and elderly citizens.

5. Findings

Based on an analysis of all publicly available information on the care system in Uzbekistan, in-depth interviews with experts and the population in the regions, gaps in the care system were identified that hinder the equal distribution of unpaid labor in the household and decent employment of caregivers.

Improving the care sector is one of the key drivers of women's economic empowerment, improving the overall standard of living of citizens and the country's economic performance. Accelerating population ageing, high birth rates in Uzbekistan will increase the demand for care services, which will require increased public investment in care, increased institutionalization of services, infrastructure development, training and support for unpaid and paid home care providers. In order to mitigate the anticipated financial pressure on the state budget and prevent social tensions in the country, it is necessary to take measures to improve the care system today.



6. Annex

ANNEX 1. Gaps in legislation on reduction and redistribution of unpaid work

Objective	Types of support	Users/ beneficiaries	Implementer	Usage/frequency	Limitations/reasons
Redistribution of unpaid care work					
Childcare	Paid leave to care for a child up to 2 years of age	Employed father/ mother/legal guardians	employer	Fathers – very rarely	1. Fathers are not interested in taking vacation. Low payments 2. Employer is not interested in hiring women because of possible vacation. The amount of payments is low, 60% of the minimum wage-
	Unpaid leave to care for a child up to 3 years of age		employer/ government		1. Fathers are not interested in taking paternity leave. Unprofitable for the family, as men's salaries are often higher than women's
	Reduction of working hours for employees/ right to reduced working hours/ »social leave«/feeding breaks/ in non-state budget organizations		employer	When agreed with the employer through mutual arrangements	

Reduction of unpaid care work	Types of support	Users/ beneficiaries	Implementing body	How often it is used	Limitations (reasons)
	Public PSE (3 to 7 years)	All families,	Government	Widely used	Shortage of places in PSE, poor quality of private PSE and low qualification of teachers. The optimal age for enrollment in kindergarten is from 3 years old From the age of 2, you can enter kindergarten only under certain conditions
	Private kindergartens (from age 2) and paid in-home babysitters	Only middle- and high-income families	Government/ Private Sector	Rarely used	Limited access for low-income families, and rural areas. You can only get in from the age of 2 under certain conditions.

Extras

Pensions	Anticipated increase in the retirement age	Population of retirement age	Government		«Motherhood Penalty. Will increase the burden on the care sector.
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Objective	Types of support	Users/ beneficiaries	Implementer	Usage/frequency	Imitations/ reasons
Material/ Monetary assistance	Maternity benefits: the state pays the mandatory 4 MCE (the employer must pay the difference between 4 MCE and 75% or 100% of the average monthly salary)	Officially employed pregnant women (including employees of non-state enterprises)	the state – 4 MCE / the employer must pay the difference between 4 MCE and 75% or 100% of the average monthly salary, depending on the actual time worked from the date of employment, up to one year and over one year, respectively. The source of funding for these benefits is the Social Insurance Fund.	Always, if they fall under the terms	Employers are not interested in hiring women/ paying higher salaries Only for the formally employed Self-employed do not receive Low benefit rate
	Child care allowance for children up to 2 years of age -- 60% of the minimum wage	Formally employed father/mother/guardian (according to Labor Code) Low-income women (according to the Decree of the Cabinet of Ministers)	Government/employer	Unemployed, self-employed, informally employed do not receive	only for low-income people (According to the Resolution of the Cabinet of Ministers) low amount of payments Excessive bureaucratic procedures for entering the Unified Register of Social Protection and receiving payments

Objective	Types of support	Users/ beneficiaries	Implementer	Usage/ frequency	Limitations/ reasons
Elderly in need of care					
Redistribution of unpaid care work	Care for the elderly, those in need of care and over 80 years of age is counted in the employment record	Caregivers of elderly persons in need of care / persons over 80	Employers/Pension Fund	unknown	Often the elderly need care before the age of 80. Low public awareness of this opportunity. Difficult to formalize. The time of care must be proven by a medical institution before it can be included in the employment record
	Family members are legally responsible for the care of the elderly	Persons caring for elderly relatives, mainly women	Common, traditional practices	Often	A large share of the burden of care for the elderly falls on women. Gender stereotypes
Reduction of unpaid care work					
	Insignificant role of institutional care, underdeveloped system of institutional care	Elderly people and their families	government	Less than 0.16% of the elderly and persons with disabilities are in 28 and state inpatient facilities – 7,510.	Lack of long-term care Poor quality of institutional services Traditional mentality – prefer home-based care.
	Institute of Social Workers	Undeveloped	government	Very rarely	Low coverage of social workers' services. Insufficient level of qualification and low salary of social workers (from 70\$). Assignment of a wide range of services to one social worker.
Material/monetary assistance					
	No benefits/ compensation for caregivers of elderly family members	Family members caring for the elderly	government		There is no material support for caregivers of elderly family members

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