

UNITED NATIONS DEVELOPMENT PROGRAMME



# CARING FOR THE FUTURE

**Insights from Uzbekistan:**  
A Gender Responsive Review of the Care System



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The survey questionnaires and methodology were prepared by UNDP Istanbul Regional Hub staff – Rowena Jones and Ilaria Mariotti from the Gender Equality Team, and Greg McTaggart and Xinyue Song from the Inclusive Growth Team – with technical leadership provided by Ilaria Mariotti and Greg McTaggart. The overall direction and strategic guidance for the regional exercise were provided by Vesna Djuteska Bisheva and Corneliu Eftodi at the Istanbul Regional Hub. Members of the Gender Equality and Inclusive Growth Teams in each participating country office worked closely with the IRH team to ensure consistency and quality across all reports.

In Uzbekistan, dedicated colleagues collaborated to prepare this detailed country report. The team supervised on-the-ground data collection, and organized discussions. Their efforts ensured that the data collected was robust, context-specific, and accurately reflected local realities, resulting in a comprehensive overview of the care system in Uzbekistan.

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## Definitions and Conceptual Approaches

For the purposes of this report, our focus is on care aspects related to childcare, elder care and disability care. In specific contexts where it is prevalent, we also address domestic work. Healthcare aspects are included only insofar as they pertain to the wellbeing of people with disabilities and elderly individuals, particularly where social care and healthcare dimensions are closely intertwined and cannot be separated.

**Care work** includes both 1) direct, personal, and relational care activities, such as feeding a baby or nursing an ill parent; and 2) indirect care activities or domestic work, such as cooking and cleaning. Care work entails both paid and unpaid forms.

**Paid care** is when a person providing social care receives payment for the service they provide. The payment received may be made by a government, a for-profit organisation, a not-for-profit organisation or by the recipient of the care, either directly themselves or by a family member.

**Unpaid care** is provided on a pro-bono basis, often by an immediate family member or an acquaintance of the care recipient.

In this report, people providing care will be referred to as **'caregivers'**. If they are providing care on a paid basis, they will be referred to as **'care workers'** or **'paid caregivers'**, to distinguish them from unpaid caregivers. Those who receive care from a caregiver are referred to in the report as **'care recipients'**.

**Care economy** refers to the paid and unpaid work and services that support caregiving in all its forms. **Care system<sup>1</sup>** refers to the set of interrelated components that shape how care is organised, delivered, and valued within society. These components include legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A **comprehensive care system** integrates these elements in a coherent and intentional manner to establish a new social organisation of care – one that supports people and the environment, and that seeks to recognise, reduce, redistribute, reward, and represent care work. This approach is grounded in gender equality, intersectionality, and human rights, and promotes shared responsibility for care among genders, households, the State, the market, families, and communities.

**Childcare** is the care and supervision of children provided by the child's parent(s) or guardian(s), or by paid caregivers. It includes services that support a child's social, emotional, intellectual and physical development and can take place in various settings such as homes, day care centres, or educational institutions. In this report, we also refer to **Early Childhood Education and Care (ECEC)**, to mean any regulated arrangement that provides education and care for children from birth to compulsory primary school age.

**Elderly care (or elder care)** refers to a broad range of services designed to help older adults live as comfortably and independently as possible. This can include assistance with daily activities, transportation, personal care and sometimes medical care, either at home or in specialised facilities.

**Disability care** is a set of services and supports aimed at helping people with disabilities live as independently as possible. It may include personal assistance, help with daily living tasks, transportation, communication support and access to community resources, tailored to the individual's needs.

**Domestic work** is work performed in, or for, a household, encompassing a wide range of tasks such as cleaning, cooking, laundry, ironing, shopping, gardening, and driving. Domestic work also includes care responsibilities – providing direct care for children, elderly individuals, people with disabilities, or those who are ill within the home. In this report, we place particular emphasis on the care components of domestic work, while acknowledging that it is often challenging to distinguish between household chores and caregiving responsibilities.

**Social care and social services** are services that support individuals' wellbeing and inclusion, such as access to essential health care, education, housing, and care for children, the elderly, or people with disabilities. They form one of the pillars of **social protection**, together with social assistance, social insurance and labour market programmes. The UN defines social protection as the set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis towards vulnerable groups. Social protection can be provided in cash or in-kind, through non-contributory, budget-financed schemes providing universal, categorical, or poverty-targeted benefits (social assistance), contributory schemes (social insurance), and by building human capital, productive assets and access to jobs.<sup>2</sup>

**Social security** refers to a system of policies and programmes aimed at providing economic support and protection to individuals in various life circumstances such as illness, unemployment, old age, disability, and family responsibilities. It is guided by the 'ILO Social Security (Minimum Standards) Convention, 1952 (No. 102)', which sets minimum standards for nine branches of social security.

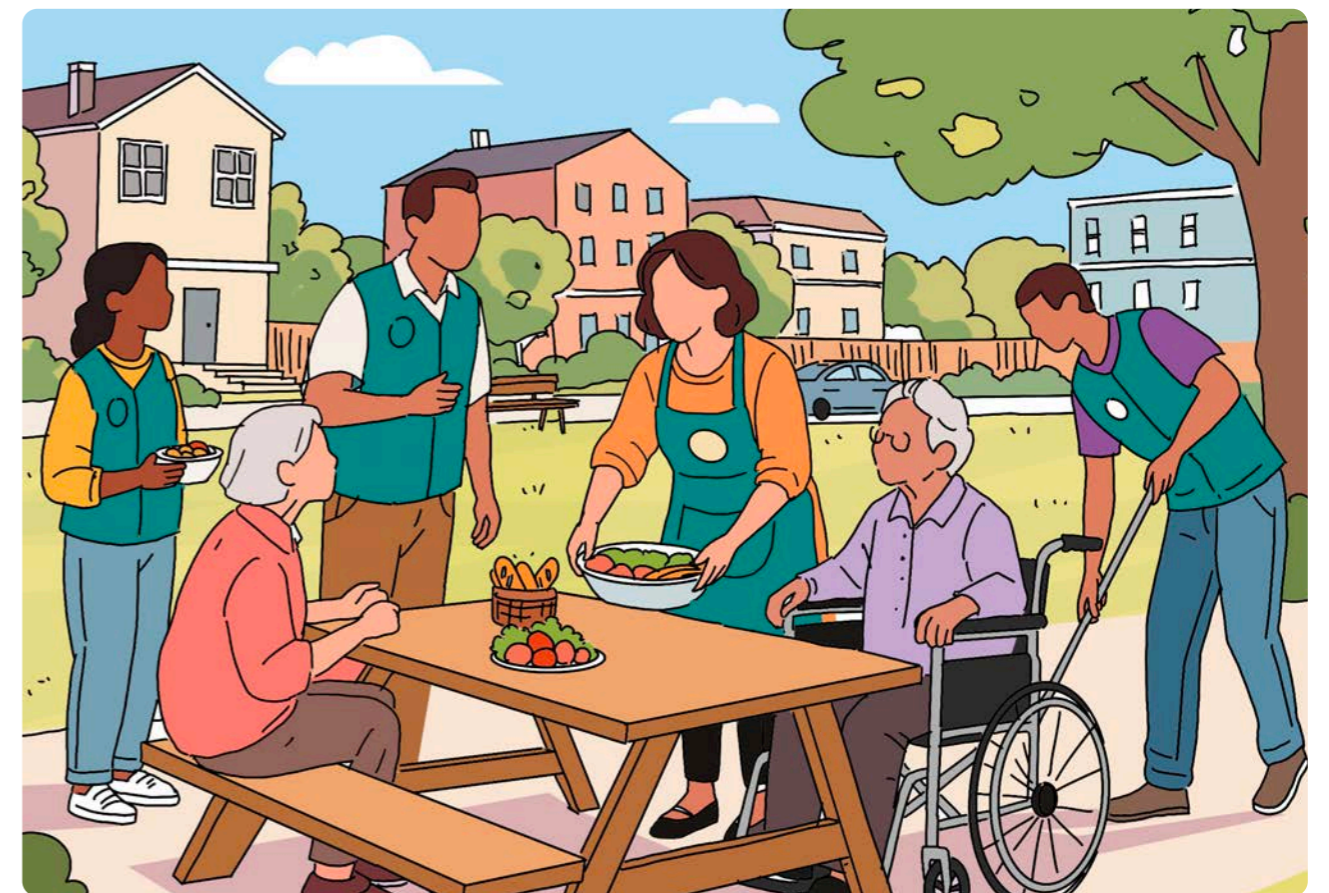
**Social assistance** and **social insurance** are two main pillars of social security and play an important role in social care, since they provide financial and other types of support to caregivers (both paid and unpaid) and individual care recipients. The adequacy or otherwise of this support is examined in this report.

**Social assistance** is aid funded by the state budget and, in some cases, donor funding. It provides direct income support to individuals and families who are not covered by social insurance, or who do not qualify for social insurance benefits. Social assistance aims to alleviate poverty and provide a safety net for the most vulnerable members of society. Non-monetary assistance is also a component of social assistance.

**Social insurance** is typically funded through contributions from employers and in most cases employees. It is designed to protect individuals against certain risks and economic insecurities such as illness, unemployment, and old age, and to ensure income continuity during maternity and family care. However, in many countries, these contributions are insufficient to fully fund benefits, leading to state budget subsidies. Only employees of contributing employers are usually eligible for social insurance. Those without employers can make voluntary contributions, but few do, rendering them ineligible for social insurance and reliant on social assistance. Social insurance schemes often require a minimum period of contributions, and those who do not meet this requirement are moved to social assistance programmes, which offer less generous benefits and are often subject to means-testing. Means-testing aims to exclude the financially well-off, but it often results in exclusion errors, leaving some in the bottom income quintiles without social assistance while some in the top quintiles receive it.

All these dimensions have been analysed and discussed through a **gender responsive approach**, which systematically examines how the provision of care services (paid and unpaid), the legal frameworks that govern them, and all related aspects impact **gender equality and women's empowerment**. This approach recognises that women disproportionately shoulder the burden of unpaid care work, limiting their participation in the labour market, contributing to persistent gender pay gaps and distorting a country's economy. By focusing on both the distribution of care responsibilities within households and the accessibility, affordability, and quality of formal care services, the analysis highlights how care arrangements shape women's economic opportunities and social status.

A gender responsive perspective also considers how legal and policy frameworks can either perpetuate or help dismantle structural inequalities, for example by ensuring social protection rights, promoting equal sharing of care tasks and improving protections and working conditions for (predominantly women) paid care workers. Ultimately, the analysis demonstrates that advancing gender equality and women's empowerment requires addressing the undervaluation of care work, the unequal division of care responsibilities through coordinated policy, legal and service delivery reforms and reform of social security systems.



## Introduction

Uzbekistan has made notable advances in health, education, and living standards, as evidenced by its 106th global Human Development Index (HDI) ranking in 2022.<sup>3</sup> Despite this progress, persistent challenges endure: 18.4 percent of the population still faces multidimensional poverty, with women particularly affected by barriers to resources, opportunities, and support.<sup>4</sup> These difficulties are compounded by rapid demographic aging, as the number of people over 65 is projected to more than double by 2040, reaching 4.02 million.<sup>5</sup> Additionally, 13.5 percent of the population lives with disabilities, and among the elderly, this figure rises to 54 percent.<sup>6</sup> These trends collectively highlight the urgent and growing need for comprehensive, accessible care services across Uzbekistan.

Recent years in Uzbekistan have seen major demographic and economic changes, reshaping the country’s social landscape and intensifying the need for accessible care services. Between 2013 and 2024, the population grew by 22.6 percent, to approximately 36.8 million,<sup>7</sup> with rapid increases in both the number of young children and older adults. Women, who already shoulder the majority of unpaid caregiving responsibilities, are facing heightened pressures as these trends unfold. Notably, the population aged 65 and over is expected to more than triple by 2050, shifting from about 5 percent to over 10 percent of the total population.<sup>8</sup> This accelerating aging process – alongside a growing cohort of children under five – is projected to sharply increase demand for comprehensive care services, especially for older women and people with disabilities.

These developments highlight the urgency for more inclusive and sustainable care solutions across the country. Population growth, particularly among young children and the elderly, is leading to a rising dependency ratio and corresponding increase in demand for care services. However, the care sector remains underdeveloped, relying heavily on unpaid, family-based caregiving, which falls disproportionately on women. As a result, many families struggle to provide the necessary support, facing significant challenges due to limited access to affordable and high-quality care services.

Strengthening the care system is essential to alleviating women’s unpaid care burden and ensuring accessible, high-quality care for all. Indeed, a comprehensive care infrastructure is essential to enable care dependants, especially older adults and people with disabilities, to live independently or with adequate support, allowing them to maintain dignity and contribute to society in various ways. For caregivers, who are predominantly women, a well-supported care system can reduce the disproportionate burden of unpaid care responsibilities, enabling greater participation in the formal labour market and access to education, employment and leadership opportunities. Strengthening the care economy through gender responsive policies can promote equality, redistribute unpaid care work and address systemic barriers. It would also generate economic benefits, such as creating new job opportunities, supporting an aging population, fostering new industries (e.g., assistive

technologies, accessible housing) and reducing the economic burden on families and communities.

Recognising the significant changes in demographic trends and the growing care needs of the population, Uzbekistan has outlined its commitment to enhancing social protection. The most recent amendments to the constitution declared Uzbekistan a social state, aiming to reduce inequalities and strengthen social protection, marking important policy shifts in a bid to address the care requirements of those most at risk of marginalisation.<sup>9</sup> This focus highlights the importance of social protection programmes, which extend beyond basic financial assistance and address the broader needs of individuals requiring support in their daily lives due to age, disability or other socio-economic factors. Analysing geographical demographic trends and the diverse needs of an aging population can support the effective allocation of investments in care infrastructure. Moreover, prioritising access to quality early childhood care and education services is crucial for supporting children’s development, laying the foundation for their long-term cognitive, social and emotional growth, thus ensuring better future opportunities.

This report analyses the institutional mechanisms of the Uzbekistan’s care system through a gender lens. It also explores strategies to reduce and redistribute unpaid care work, including family-friendly work arrangements and parental leave policies, while addressing the cultural and societal norms that disproportionately impact women. A key focus is the formalisation of paid care work, recognising that informality poses significant challenges to care workers’ security, safety and well-being. Enhancing financial support, training and social recognition can improve conditions for both paid and unpaid caregivers, promote more equitable caregiving roles within families and communities and advance gender equality in both the home and the workforce.

This report also offers targeted recommendations for the improvement of the Uzbekistan’s care system. Its central objectives are to:

1. Build a care system that recognises, values and supports unpaid caregivers, paid care workers and care recipients.
2. Ensure affordable, high-quality care services while tackling persistent gender inequalities.
3. Provide decent wages, social security access, fair working conditions and career advancement for paid care workers.

## 1. Governance of Care Systems

The governance of care systems can be categorised into two main components: policy frameworks and regulations and institutional structures. Policy frameworks and regulations define the responsibilities of Ministries or institutions regarding care policies and their implementation and the oversight of care services for children, people with disabilities and the elderly. Institutional structures focus on how care services are delivered to their respective target groups and the institutions through which these services are provided.

Overall, the governance of care services is primarily managed by the Cabinet of Ministers, the National Agency for Social Protection (NASP), the Ministry of Health (MoH) and the Ministry of Pre-school and School Education (MoPSE). They are responsible for establishing policy frameworks and regulations to guide the implementation of care.

Agency	Responsibilities
Cabinet of Ministers	Ensures unified state policy. Oversees development and implementation of preschool programmes. Adopts regulations. Coordinates activities of state bodies. Establishes standards. Determines licensing and restructuring of preschool entities and explores public-private partnerships.
Ministry of Pre-school and School Education (MoPSE)	Serves as the main executive body for preschool and school education. Delivers a unified state education policy and ensures appropriate policies and oversight mechanisms.
National Agency for Social Protection (NASP)	Oversees care policies for individuals with disabilities and the elderly. Develops strategies and regulations to ensure adequate support and resources. Develops standards for social services in residential institutions, short-term facilities and daycare facilities.
Ministry of Health (MoH)	Regulates healthcare services. Oversees long-term care for the elderly and individuals with disabilities. Ensures healthcare facilities meet required standard.

MoPSE is the main executive body regulating pre-school and school education, delivering unified state policy in education and ensuring appropriate policies and oversight mechanisms.

NASP oversees care policies specifically aimed at supporting individuals with disabilities and the elderly. It develops strategies and regulations to ensure they receive adequate support and resources. It also develops standards for social services in residential institutions, short-term and daycare facilities.

MoH regulates healthcare services, including long-term care for the elderly and individuals with disabilities. It ensures healthcare facilities meet required standards.

Local governments (Hokimiyats)<sup>10</sup> are central to implementing state programmes, developing regional socio-economic initiatives, and fostering public-private partnerships.<sup>11</sup> They deliver community-level services, manage social benefits distribution, maintain databases, and ensure access to social services. On the ground, Hokimiyats work through with Mahallas<sup>12</sup> – community-based self-governing institutions defined by law – as the first point of contact for local social and economic issues.

Mahallas play a vital role in social protection by assessing eligibility for assistance and coordinating support for vulnerable households.<sup>13</sup> Within the Mahallas, the Community Seven (Mahalla Yettiligi), composed of local



officials, evaluates family needs, assists low-income families, supports employment, and promotes women’s economic participation. The group’s social worker identifies vulnerable individuals, coordinates professional services, and facilitates social assistance. The Community Seven is authorised to:

- + Enroll individuals in social support registries (Iron, Youth, and Women’s Notebooks);
- + Provide assistance and subsidies for entrepreneurship, employment, and handicrafts (Presidential Decree No. PF-209, 2023);
- + Distribute aid from the ‘Sakhovat va Komak’<sup>14</sup> Fund to prevent hardship.

Mahallas also oversee community development funds financed by local taxes, service fees, and state property income. Under the law, they are empowered to independently direct these resources to best meet the needs of their communities.<sup>15</sup>

Simultaneously, NASP expands its impact by placing personnel within mahallas, enabling more direct

coordination of social support at the community level. In addition, all ministries responsible for social care – such as the Ministry of Health and Ministry of Pre-school and School Education – operate regional and district offices to deliver policies and services throughout the country’s administrative divisions.

Funding for social care is primarily authorised and allocated by the Ministry of Economy and Finance, working in close collaboration with NASP and other relevant ministries. The Government of Uzbekistan provides the bulk of funding for social care programmes. Funds are allocated through the national budget, with special provisions for vulnerable populations. Local authorities, such as Hokimiyats, also play a role in budgeting and managing local funds for community-level care services, ensuring that resources are directed towards the most pressing needs in their respective regions.

The following legal and policy frameworks collectively form the structure regulating the provision of care for people with disabilities, the elderly and children. However, the absence of a comprehensive and robust legal framework governing care services poses a significant obstacle to the provision of quality care.

## 1.1 Policy Frameworks and Legislative Regulations

In 2023, Uzbekistan’s declaration as a social state prompted significant policy and regulatory reforms in its social protection system. On 1 June 2023, the President issued a decree to improve the quality and accessibility of social services entitled ‘On Comprehensive Measures to Provide High-Quality Social Services and Assistance to the Population and Establish an Effective Control System’.<sup>16</sup> A key element was the unification of social services into a more coordinated framework to improve social assistance delivery and promote greater social inclusion.

The same decree also established the National Agency of Social Protection (NASP)<sup>17</sup> under the President of Uzbekistan to develop, coordinate and implement unified social protection policies and services. In accordance with the Strategy for Social Protection of Uzbekistan<sup>18</sup> (2022, amended in 2023), NASP is tasked with ensuring more efficient service delivery and optimizing resources, including creating a system of one-stop social service centres called ‘Inson’<sup>19</sup> at district and municipal levels.

Although the Strategy does not explicitly focus on gender issues within the care economy, it targets critical areas where women are particularly impacted, such as the higher burden of caregiving and rates of unemployment.

Cabinet of Ministers’ Resolution #450, 05.09.2023,<sup>20</sup> introduced the e-case management system to coordinate social services more effectively and make them more accessible to both service providers and beneficiaries, by allowing for real-time tracking of beneficiaries’ needs and the services they receive. The Resolution of the President of Uzbekistan #PP-410, 27.12.2023<sup>21</sup> introduced comprehensive reforms to the system of specialized care for the elderly and persons with disabilities. These reforms are designed to modernise and improve the quality and accessibility of social services by optimising and digitising procedures for identifying individuals in need, expanding neighbourhood-level service delivery, and promoting greater socialisation to enhance health and quality of life.

### Early Childcare & Education Services

Recent amendments to the Constitution of the Republic of Uzbekistan<sup>22</sup> uphold the right to free and mandatory secondary education while introducing new provisions aimed at expanding access to preschool education. These amendments emphasise the creation of favourable conditions for early childhood development and support the growth of both public and private educational institutions.<sup>23</sup>

Uzbekistan’s Constitution and Family Code<sup>24</sup> affirm every child’s right to family care, recognizing the family as the most supportive environment for their development. Parents and guardians bear primary responsibility for their children’s care, education and well-being until adulthood. However, for orphans and children deprived of parental care, the State assumes this role, ensuring their education and overall development. Additional support is extended to other vulnerable groups, including children with disabilities and families with multiple children. The Law on Child’s Rights upholds every child’s entitlement to be brought up within a family environment and establishes childcare as a key state priority. It also ensures that families raising children are guaranteed social assistance in accordance with established legal procedures.<sup>25</sup>

Recent childcare reforms emphasise family-based care, particularly for orphans and children deprived of parental care. The Presidential Decree of November 14, 2024 (N UP-185)<sup>26</sup> further consolidates efforts to strengthen the social protection system for children. As of February 1, 2025, Inson Centres have been officially appointed as the legal representatives of orphans and children without parental care, taking over this role from local governors (Hokims). ‘Inson’ Centres are empowered to place socially vulnerable children in alternative care arrangements, such as foster families. When specialised support is required, children may be referred to educational, healthcare, or medical-social institutions that are equipped to address their specific needs. Furthermore, the decree eliminated the previous practice of temporarily placing children from low-income families in public orphanages, directing alternative support efforts towards maintaining children in family-based environments whenever possible.<sup>27</sup>

While the government prioritises family-based care, it also ensures that socially vulnerable children who cannot be raised in a family setting have access to alternative care arrangements that provide their necessary support and protection. ‘Inson’ Centres play a crucial role in this process by carrying out thorough assessments of a child’s social circumstances and living conditions to determine their eligibility for social protection.

The policy landscape for early childcare shows that the Government has increasingly emphasised the expansion of accessible, high-quality education programmes, such as introducing the ‘Preschool Education Development Concept 2030’ (2019).<sup>28</sup> The concept aims to create enabling conditions for comprehensive intellectual, moral and physical development of children of preschool age, by adopting a wide range of innovative, advanced pedagogical and informational technologies. It aims to



gradually expand preschool education coverage for children aged 3–7, increasing enrolment from 50.5 percent in 2019 to 80.8 percent by 2030.

The concept also acknowledges existing problems, proposes advanced measures, and establishes a monitoring framework to address some of these issues, including the systemic challenges that continue to hinder full coverage and quality in early childhood education despite ongoing efforts to expand access. These include an insufficient number of preschool institutions, inadequate infrastructure and poor material and technical conditions, as well as a shortage of qualified teaching staff and skilled management personnel within the sector. Parental awareness of the developmental importance of pre-school education remains limited and many institutions lack up-to-date teaching and methodological resources, including visual aids and modern educational materials. Existing preschool facilities are often poorly equipped to support children with special needs and the quality of healthcare services, along with the qualifications of medical personnel in preschools, frequently falls short of current standards. To address these challenges, the concept outlines measures such as expanding preschool coverage, integrating digital technologies to enhance learning and administration, strengthening data collection systems for informed decision-making, ensuring cybersecurity in digital education platforms and introducing modern pedagogical and ICT-based teaching methods. These initiatives aim to improve both access and quality, fostering a more inclusive and efficient early childhood education system.

Further legislative developments such as the Law ‘On Preschool Education and Upbringing’ (2019)<sup>29</sup> set even more ambitious goals to achieve 100 percent preschool education coverage with a commitment to ensuring children’s rights to quality PSE, improving quality, promoting inclusive education and developing alternative forms of PSE through public-private partnerships and modern technologies. However, there are no additional provisions on specific timelines when the goal of 100 percent is set to be achieved. There are also no clear indicators for quality frameworks. This law defines preschool ages as infancy (birth to one year), and early childhood (one to three years). It provides for the possibility of creating kindergarten groups for children of this age in the private sector. However, affordable public preschool education is guaranteed, upon availability, only for children from ages 3 to 7.

Cabinet of Ministers’ Resolution 391 on early childhood development (2019),<sup>30</sup> regulates general state and non-state preschool education entities, multidisciplinary, specialised preschool education entities and joint-type preschool education entities. This resolution specifies rules and regulations for non-governmental preschool educational entities (see section on institutional structures for more information on these entities).

In 2021, the Resolution of the President of Uzbekistan No. PP-5144<sup>31</sup> was introduced to create ‘family non-governmental preschool educational entities’ (FNPEO),

Role of NASP and ‘Inson’ Centres in Social Protection	
	<b>NASP</b> Develops, coordinates and implements unified social protection policies and services. In accordance with the Strategy for Social Protection of Uzbekistan, it ensures more efficient service delivery and optimises resources, including overseeing the creation of ‘Inson’ Centres.
	<b>‘Inson’ Centres</b> One-stop social service centres at district and municipal level, part of NASP’s mandate to optimise resources.

aiming to expand access to early childhood education in regions with limited preschool facilities through public-private partnerships. Each FNPEO can accommodate up to 50 children and employ up to four educators and assistants. The legislation ensures FNPEOs have free access to educational materials and offers subsidised loans for furniture and equipment. Additionally, the State Budget covers 75 percent of the costs per child, along with other forms of compensation. The government subsidises preschool education for children aged 3–7, while children aged 2 may attend at the full expense of their parents, except in cases where the family has lost a breadwinner, in which case the costs are also covered.<sup>32</sup>

In 2022, limited tax rebates were introduced for parents utilising private preschool and school services.<sup>33</sup> However, these benefits are applied universally and do not

specifically address the needs of children aged 2 to 3.

Overall, the current system of public preschool education remains largely focused on education, with limited attention to the broader care aspects. Additionally, it primarily targets children aged 3-6, leaving a significant gap in support for children under three. With maternity leave providing financial benefits until a child reaches the age of two<sup>34</sup> and limited access to affordable childcare services for another year of unpaid maternity leave, the current system creates a critical gap in the economic opportunities for mothers until the child reaches age three. In the absence of affordable care services, women often stay out of the labour market to care for young children – underscoring the need for targeted policies to close this gap and promote women’s participation in the workforce.

### Care Services for Elderly & People with Disabilities

In Uzbekistan, the legislation includes care for the elderly and people with disabilities as part of the unified social protection system, recognising that both groups require support, while ensuring that services are tailored to individual needs. While the legal framework integrates their care under a common system, service provision is based on personalised assessments, addressing each individual’s specific social, medical and functional needs.

It is important to note that the government’s approach to care services for elderly individuals and persons with

disabilities has traditionally focused more on ensuring their basic needs are met, particularly through medical assistance, rather than on empowerment or social integration. Historically, the primary concern has been to address immediate survival needs, with palliative care being a key focus. However, recently there has been a notable shift towards enhancing empowerment and societal integration, with new policies and reforms aimed at improving quality of life and fostering greater inclusion. These developments reflect a growing commitment to not only meeting survival needs but also promoting active participation in society.

## Key Legal Reforms in Social Protection 2023-2024

LEGAL REFORM 1 June 2023	LEGAL REFORM 27 December 2023	LEGAL REFORM 11 March 2024	LEGAL REFORM 31 May 2024	LEGAL REFORM 14 November 2024
<b>Presidential Decree 'On Comprehensive Measures to Provide High Quality Social Services and Assistance to the Population and Establish an Effective Control System'</b>	<b>Presidential Decree No. PP-410</b>	<b>Cabinet of Ministers Resolution No. 123</b>	<b>Cabinet of Ministers Resolution No. 316</b>	<b>Presidential Decree N UP-185</b>
<b>Changes Seen:</b>	<b>Changes Seen:</b>	<b>Changes Seen:</b>	<b>Changes Seen:</b>	<b>Changes Seen:</b>
Creation of National Agency for Social Protection (NASP) and rollout of 'Inson' centres.	Launch of 'Unified National Social Protection' system, digitalisation of services, and adoption of 'Roadmap' to guide implementation of reforms.	Establishment of national care registry and expansion of services through 'Inson' centres.	Creation of Social Support Centres, co-payment services for families with caregiving responsibilities, and mandates for digitalisation of care documents.	Consolidation of efforts to strengthen the social protection system for children.

This shift is clearly reflected in the Law 'On social services for the elderly, persons with disabilities and other socially vulnerable categories of the population O'RQ-415',<sup>35</sup> adopted on December 26, 2016. This fundamental piece of legislation governs elderly and disability care in Uzbekistan, aiming to regulate relationships in the sphere of social services for the elderly, individuals with disabilities and other socially vulnerable categories. The law outlines the principles of social services, including legality, respect for human rights, humanism, voluntary participation and an individual approach. It establishes the responsibilities of state bodies, local authorities and non-governmental organisations in providing social services, ensuring a coordinated approach to support vulnerable groups. The law is comprehensive in guaranteeing government support not only for basic needs but also for long-term needs, such as education and social integration. It is grounded in key principles, including respect for human rights, voluntariness and a targeted, individualised approach.

However, its coverage is limited to elderly individuals living alone who require external care, excluding those who may also need social support but whose families are unable to provide adequate assistance. Another limitation of the law is that it equates the needs of all socially vulnerable populations, including people with disabilities and elderly individuals living alone, despite their differing care needs. This uniform approach may not fully address specific types of support required by each group.

Presidential Decree No. PP-410 of 27.12.2023<sup>36</sup> highlights measures for elderly individuals and people with disabilities who require care, to enhance the quality, accessibility and efficiency of social services while addressing various structural, legislative and practical challenges. A key aspect is the introduction of digital systems to streamline and optimise social service delivery.

The 'Unified National Social Protection' system serves as a centralised platform for maintaining a registry of elderly individuals and persons with disabilities who need care. This system enables data-sharing among government agencies, ensuring coordinated efforts in providing services. Services are differentiated based on individuals' specific social and medical needs. Recognising the challenges faced by caregivers, the decree proposes financial and training support for those who provide care to elderly individuals and people with disabilities, aimed at improving the quality of care delivered by families and community members. The decree specifies that families caring for individuals in need will receive training on caregiving practices. Educational materials, such as videos and manuals, will be produced and distributed to provide continuous guidance. A comprehensive 'Roadmap' has also been approved to guide the implementation of these reforms, detailing timelines, funding sources, and the responsibilities of the various agencies involved.

Cabinet of Ministers Resolution No. 123 of March 11, 2024,<sup>37</sup> introduced a new system of identifying, assessing and supporting individuals in need of care. It mandates the creation of a registry for such individuals and requires the development of personalised social service plans. Services include in-home assistance, accompaniment, adaptation of living spaces, legal support, and fostering social inclusion.

These are primarily delivered through 'Inson' Social Service Centres, which work in coordination with local authorities and healthcare providers to ensure a comprehensive response to care needs.

Complementing this, Cabinet of Ministers Resolution No. 316 of May 31, 2024<sup>38</sup> focuses on improving the infrastructure and delivery of care services through the establishment of Social Support Centres. These provide services ranging from daycare and mobile support to long-term residential care, the latter provided experimentally in the Samarkand, Ferghana and Tashkent centres. The resolution also launched pilot programmes in select regions that provide co-payment services for families with caregiving responsibilities, and promotes the involvement of volunteers. Importantly, it mandates the digitalisation of care-related documentation by 2025, further strengthening coordination and access to services. Collectively, these legislations lay the groundwork for a structured, accessible and inclusive elderly and disability care system.

Resolution of Cabinet of Ministers No. 237, 10.08.2015, amended by Resolution No. 62, 08.02.2022<sup>39</sup> also differentiates between care provision for 'lonely, elderly persons with a disability' and for 'an elderly person with disability living alone'. While the former is determined by the absence of financial and social support of adult relatives, the latter implies that the need for care is temporary due to various life situations. The range of social services provided by the government is determined individually on a case-by-case basis.

As outlined above, the government's policy on elderly care has primarily focused on addressing the basic needs of elderly individuals living alone, though recent efforts indicate a shift towards a more comprehensive and holistic approach. For instance, to promote social engagement among the elderly, Elderly Councils have been established to systematically gather and analyse the views of elderly individuals, examine the challenges faced by those living alone, pensioners, and people with disabilities, and develop informed policy recommendations. Additionally, 152 recreational complexes, 'Nuroni Maskanlari,' equipped with sports facilities, libraries and communal spaces have been created to promote active aging. Initiatives such as the Tourism Month for the Elderly further reflect this commitment to fostering social inclusion and well-being among older adults.<sup>40-41</sup>

**Domestic Work**

Care work is predominantly provided within private households, with paid caregivers often classified as domestic workers.<sup>42</sup> Although most of paid care work is performed informally, there are two legal pathways to formalise care work for domestic workers: first, through labour contracts with relevant labour rights protections as per Labour code, or through self-employment registration.

**Labour Contracts for Domestic Workers**

In 2022 the Labour Code included the definition of domestic workers as individuals employed by private employers to perform personal services such as childcare, cooking, housekeeping, gardening and driving, exclusively for non-commercial purposes.<sup>43</sup> The Labour Code prescribes that an individual labour relationship with a domestic worker is formalised through a written employment contract concluded by the employer as an individual.<sup>44</sup> The Code addresses some aspects of domestic work, which allows for bilateral employment contracts, with a copy to be submitted to the State Tax Authority. However, workers’ employment records (which are crucial for pension determination) are only valid if social tax is paid, but this payment is not mandatory for contract validity. The law does not specify who bears the responsibility to pay the social tax, creating a significant gap in social protection.<sup>45</sup> Due to these inconsistencies related to social tax, the system disproportionately impacts women, who make up the majority of care workers, as it does not guarantee essential protections like paid sick leave, pension contributions, maternity support, and childcare assistance.

Inconsistently, the Tax Code also does not include individual employers who hire domestic workers for non-commercial purposes in the list of employers that have to pay social tax on behalf of their employees – a provision that disproportionately harms low-income women working as paid domestic workers in affluent households.<sup>46</sup> Currently, the ability to pay social tax is restricted to cases where domestic workers are employed in ‘for profit’ services, preventing those engaged in household-based care and cleaning work from accessing even basic social security benefits.

With the adoption of the resolution ‘On Approval of Regulatory Legal Acts for the Implementation of the Labour Code of the Republic of Uzbekistan’ (2024),<sup>47</sup> the Cabinet of Ministers introduced recommended contract templates – including one specifically for domestic workers – to encourage formal employment relationships. This template was developed in accordance with Article 515 of the Labour Code, which requires the Cabinet to approve a sample employment contract for domestic workers. While use of the template is not compulsory, all employment contracts for domestic workers must be in writing and comply with labour legislation. Within these legal protections, key terms such as leave entitlements and working hours remain negotiable between the parties. Moreover, the framework for contract termination reflects a power imbalance. Employers have the right to unilaterally dismiss domestic workers for reasons such as single or more gross violations of labour obligations preliminary agreed between the employer and domestic worker, while

domestic workers are obliged to provide seven days written notice for contract termination. These discrepancies underscore the unequal bargaining power between employers and domestic workers, exacerbating their vulnerability in an already precarious labour market.<sup>48</sup> The widespread job informality, driven by various underlying factors, leads to women predominantly working in the informal economy, which is also evident in care-related jobs.<sup>49</sup> Employers and employees may seek to avoid income and social taxes by remaining outside of the formal systems. Complexity in labour contract registration procedures and low trust in institutions can be another contributing factor for the prevalence of informality among care workers.

**Self-employment as an Alternative Pathway**

Domestic workers in Uzbekistan have the option to formalise their work through self-employment, a model that bypasses direct employer engagement. This pathway provides entrepreneurial flexibility, regarding care as a service provision.

The adoption of the Presidential Decree No. PQ-4742<sup>50</sup> and Resolution of the Cabinet of Ministers No. 806<sup>51</sup> marks a substantial step towards formalising the status of self-employed individuals in Uzbekistan, including domestic workers such as housekeepers, nannies, and caregivers. While these legislative acts provide mechanisms for domestic workers to formalise their economic activities and contribute to social protection systems, they reveal significant shortcomings in ensuring labour security and comprehensive social protection, particularly for a vulnerable workforce predominantly composed of women.

Under both legislative acts, domestic workers may register as self-employed individuals through a simplified notification system, avoiding the burdens of establishing a formal enterprise. This formalisation brings visibility to a sector traditionally operating in informality and enables access to pension benefits through the payment of social taxes. However, the mechanism for social protection established under these legislative acts is partial and voluntary. Registered self-employed domestic workers are required to make a social tax payment. Yet, the payment remains the sole responsibility of the worker. Given the precarious and often low-income nature of domestic work, many workers may under-contribute or not contribute at all, leading to small pension entitlements in practice.

The list of recognised self-employment activities, outlined in the Presidential Resolution No. PP-4742 (June 8, 2020),<sup>52</sup> includes childcare and caregiving for older people or those requiring constant support. Once registered, self-employed caregivers enter into a contract with the State, represented by the Tax Committee, rather than with private employers. This arrangement requires them to pay an annual social tax of 375,000 UZS in exchange for a pension entitlement upon reaching retirement age.<sup>53</sup>

Furthermore, neither the Decree nor the Resolution provides automatic coverage for other essential forms of

social protection. Domestic workers are excluded from maternity leave benefits, health insurance, paid sick leave, unemployment insurance, and work injury compensation, unless they voluntarily and separately enroll in additional insurance schemes, which are often financially out of reach for this group.

Another concern is the practical application of these new regulations. Compliance heavily relies on the awareness and willingness of individual employers (clients) – households with no formal HR systems – to correctly register contracts and respect labour rights. There are no paths for clients to pay social tax and, if they want to register the contract, the mechanisms are difficult to understand and comply with. Without streamlined paths, strong enforcement mechanisms and public education, there is a serious risk that these protections will remain theoretical rather than realised in practice.

Uzbekistan has not ratified the International Labour Organization’s Domestic Workers Convention, 2011 (No.

189), which sets comprehensive international labour standards for domestic workers. Ratification of this convention could further enhance the protection and rights of domestic workers by aligning national laws with international best practices.

The combination of Presidential Decree No. PQ-4742, Resolution No. 806, and Articles 514–520 of the Labour Code provides a more solid foundation for protecting domestic workers in Uzbekistan. In particular, the Labour Code’s recognition of domestic work as a formal employment relationship represents a major legal advancement. However, practical gaps in social protection coverage, enforcement capacity, and worker empowerment persist.

To fully realise these reforms, further steps are needed, including social insurance for domestic workers, expanded maternity and sickness protections, standardised employment contract templates and robust labour inspection and public awareness campaigns.

**1.2 The Institutional Structure of Care Services**

Provision of care services is organised through a multi-tiered system involving central government authorities, local governments and the private sector, each performing distinct roles to ensure comprehensive care for children, the elderly, and people with disabilities.

At the national level, NASP is responsible for developing and implementing a unified state policy on social services. It consolidates services previously managed by various ministries, including care for the elderly, people with disabilities and vulnerable children. NASP coordinates these services to ensure a unified approach to care.

Local governments, particularly municipal authorities and Mahallas, are central to service delivery. They work closely with NASP to provide community-based care, identify individuals in need and coordinate support at the local level.

The private sector plays a supplementary role, particularly in providing services for children. Private care providers operate under the regulations set by NASP to ensure compliance with state standards.

**Early Childcare and Education Services**

The institutional structure for early childhood education and care has evolved significantly in recent years, driven by a growing recognition of the importance of early development for lifelong learning and social integration. At national level, early childhood education is overseen by MoPSE, which ensures that standards are upheld. At regional and local levels, various departments within municipal governments coordinate the delivery of early childhood services, overseeing a network of kindergartens, nurseries, and other educational institutions for children aged 3 to 7, while care services for children aged 0-3 are provided by private centres.

Under the Law ‘On Preschool Education and Upbringing’ (2019), preschool age is divided into several stages: infancy (birth to one year), early childhood (one to three years), younger preschool age (three to four years), middle preschool age (four to five years) and older preschool age (five to seven years).

Types of Preschool Educational Entities <sup>54</sup>			
General Type	Multidisciplinary Specialised	Inclusive Groups	Joint Type
<b>TARGET GROUP</b> All children	<b>TARGET GROUP</b> Children with physical or mental disabilities	<b>TARGET GROUP</b> Children with diverse needs	<b>TARGET GROUP</b> Children with and without disabilities
<b>APPROACH</b> Provides foundational care for standard developmental needs through preschool curriculum in general groups.	<b>APPROACH</b> Supports unique developmental needs by delivering specialised state programmes.	<b>APPROACH</b> Ensures equal opportunities by creating shared and inclusive environments with individualised support.	<b>APPROACH</b> Blends general and specialised education by offering both separate and inclusive groups.

Public preschool educational entities accept children aged 3 to 7.<sup>55</sup> The age and procedure for admission to private kindergartens is determined independently by those kindergartens. Public preschool educational entities that are not operating at full capacity are allowed to accept children aged 2 to 3 on a paid basis. The focus has been on expanding access to preschool education for children aged 3 to 7, aiming for universal coverage by 2025, while the provision of care services for children up to 3 years of age is currently not deemed as a priority.

In preschool educational entities, different group options are offered based on the duration of the child's stay. Short-stay groups operate for 3-4 hours a day, while full-day groups run for 9, 10.5 or 12 hours, and there are also day-and-night groups for extended care.

According to the Law 'On Preschool Education and Upbringing,' new residential complexes – whether consisting of apartment buildings or individual houses – are required to include a preschool educational facility. It must either be located on the ground floor of apartment buildings or in a separate facility, with a capacity of at least 50 places for every 200 apartments or houses. Additionally, state-run preschools must be established when new cities, towns or settlements are created, during the construction of residential complexes or when the number of preschool-aged children in an area exceeds the legally allowed capacity for existing facilities. This ensures that families in growing communities have access to early childhood education.

Orphans and children deprived of parental care receive support through the following types of institutional and alternative care:

+ Public orphanages are classified as follows: Mehribonlik Uyi for children aged 3 to 18, Children's Homes for infants and young children up to age 3 and 4, and Muruvvat boarding houses for children with disabilities aged 4 to 18.<sup>56-57</sup>

+ Small scale orphanages are operated either by the state or by local non-governmental organisations, organised locally in communities. These small-scale orphanages operate as branches of existing orphanages, each specialising in different age groups and needs, from infancy to 18 years.<sup>58</sup>

Family type orphanages represent an alternative form of care, organised based on one foster family, with up to 8 children including the foster parent's own children. Foster parents receive financial support from the State Budget, including living expenses, allowances and healthcare.<sup>59</sup> Citizens who establish family type orphanages are classified as self-employed and are solely responsible for caregiving, as they are not permitted to delegate duties or involve third parties. However, this model raises concerns about gendered burdens, particularly for women who may be expected to care for both their own family and up to five additional children without external support. In patriarchal households, where key decisions are often made by the men head, women could face significant additional strain.

The long-term impact of this caregiving arrangement remains unclear and further research is needed to evaluate these challenges and consider the introduction of support staff to ease the workload.<sup>60-61</sup>

A pilot programme is planned to establish daycare services for children with disabilities aged 3 to 18 in selected regions through a public-private partnership. It aims to provide quality care and support for children with disabilities, create opportunities for peer interaction, foster an environment for developing essential life skills, promote social inclusion and expand access to social services for both children and their families. By improving access to formal care services, the programme could also help to redistribute caregiving responsibilities, potentially enabling more women to participate in the workforce. However, it is important to ensure that the programme does not inadvertently reinforce stigma and social exclusion by placing children with disabilities in segregated settings. Instead, efforts should focus on fostering inclusive environments where children with and without disabilities can learn and grow together.<sup>62</sup>



## Elderly Care Services

Elderly care remains largely a familial responsibility, with the vast majority of older adults cared for by family members or hired private nurses. This approach is deeply rooted in traditional values emphasising filial duty and intergenerational support, where placing a loved one in a care facility is often viewed as socially undesirable or morally inappropriate. As a consequence, the elderly care system is mainly designed to support senior citizens unable to care for themselves or lacking familial support. The Cabinet of Ministers Resolution No. 316 of May 31, 2024 'on improving the activities of Social Support Centres providing social services and assistance to persons in need of care from others', discussed earlier, provides for either institutional care in social support centres or through a set of social services determined by an individual needs assessment. The Social Support Centres system has enhanced, over the recent years, the quality, accessibility and flexibility of care services. These centres have been restructured to offer a broad range of services, catering to elderly individuals and persons with disabilities requiring assistance. They focus on delivering a wider range of community-based social services, case management, and rehabilitation to vulnerable populations, and, in the case of centres in Samarkand, Tashkent and Ferghana, also pilot long-term care.

In 2023, following NASP's establishment, the Sakhovat and Muruvvat residential facilities for the elderly and individuals with disabilities<sup>63</sup> were transferred to its management.

'Sakhovat' boarding houses are state medical and social institutions providing medical and social services to single elderly people permanently residing in Uzbekistan, who do not have first-degree relatives or guardians who are obliged to care for them in accordance with the Family Code, persons with disabilities of groups I (severe) and II (moderate) from the age of 18 and elderly people with disabilities of group I living alone who need the care of others. In certain cases, elderly individuals and persons with disabilities from families facing difficult life circumstances may be admitted on a paid basis, subject to availability. However, the process requires extensive documentation to prove the family's inability to provide care. Sakhovat residential homes and the Republican Boarding House for War and Labour Veterans have been rebranded as Social Support Centres.<sup>64</sup> They provide both long- and short-term residency options, allowing individuals to stay for temporary or extended periods, depending on their needs.

'Muruvvat' boarding houses offer care for individuals with physical disabilities as well as those with special psychological or mental development needs. There are two types of these facilities: one catering to children and the other to adults. They accommodate elderly residents with diagnoses such as moderate to severe intellectual disabilities, profound cognitive impairment, residual schizophrenia and dementia. Close relatives can place an elderly family member in a Muruvvat home, if they require specialised care, subject to availability, on a paid basis. State Specialized Educational Institutions, often referred to as Muruvvat boarding schools, focus on children 4-18 years old with physical, mental, sensory or cognitive disabilities.<sup>65</sup> They offer tailored educational programmes and

specialised care to meet each child's unique needs, while also providing an inclusive environment where children can thrive academically and socially. UNICEF reports that establishing community-based services and daycare units in Muruvvat and homes for children with disabilities is a positive step towards creating an enabling environment. However, the enabling environment to realise the rights of children with disabilities is missing crucial supports and the capacity required to fully realise the objective of inclusion.<sup>66</sup>

Elderly individuals registered in the Unified Register of Social Protection are also entitled to a free 12-day stay at state sanatoria<sup>67</sup> once a year, with priority given to those without family support or requiring intensive care. Applications are processed through a digitised system that verifies eligibility and allocates resources transparently.<sup>68</sup>

An important and progressive aspect of the system is its emphasis on care recipients' autonomy. Elderly individuals are provided with the flexibility to choose their type of care, the duration of their stay and even the option to leave the facility if their circumstances improve. This approach respects the preferences and dignity of residents while aligning with modern principles of person-centred care. For those requiring mobility assistance, the Social Support Centres ensure transportation and other logistical support to make their participation in care programmes seamless.

Mobile and daycare services were also introduced for those who prefer to live at home or are unable to travel to the Social Support Centres. Mobile care groups visit the homes of elderly individuals based on agreed schedules and individualised care plans. They provide vocational training, healthcare and other essential services to enhance the quality of life of individuals in need. They also focus on empowering residents to regain independence through rehabilitation programmes, labour workshops and social engagement activities. These initiatives aim to ensure a balanced approach to physical recovery and mental well-being.<sup>69</sup>

Social Support Centres in Samarkand, Fergana regions and Tashkent have piloted flexible residency options, allowing individuals to stay for short or long periods or leave the facilities entirely, based on their needs. These centres offer a range of services, including mobile, day-trip, short-term and long-term social and rehabilitation services. Services are provided free of charge to elderly and people with disabilities registered in the Unified Register of Social Protection. Paid services are available to residents of the regions where the centres operate if they are not listed in the register. These pilot programmes aim to assess the feasibility and effectiveness of daycare services for the elderly in urban areas, providing a model that could potentially be expanded to other regions.<sup>70</sup>

In addition to these services, 'Inson' Social Services Centres – serving as the first point of contact for care recipients – have introduced various initiatives to strengthen support for single elderly individuals and persons with disabilities.<sup>71</sup> Since April 1, 2024, individuals included in the 'Inson' Social Service Centre's care register, along with one accompanying person, became eligible for one-time free return tickets on railways or intercity buses annually. Moreover, starting May 1, 2024, the monthly

compensation for housing, communal services, food, and hygiene products was replaced by financial assistance equivalent to the minimum consumption expense for those individuals.

With elderly care considered primarily a family responsibility, private residential care homes for the elderly remain uncommon, frequently misunderstood and underutilised. This is the case even where families face growing challenges in meeting the complex needs of elderly individuals, particularly those with chronic illnesses or cognitive decline.

**Services for Persons with Disabilities**

The care sector for persons with disabilities is an integral part of the country’s social protection system, aiming to ensure the wellbeing, inclusion and empowerment of people with disabilities. It is underpinned by a legal framework encompassing various aspects, including tax exemptions, labour rights, educational opportunities and access to social services. Individuals who accompany or

Nevertheless, some promising developments are emerging. In the Tashkent Region, a limited number of private elderly care facilities is now offering services such as meals, supervision, medical monitoring, hygiene assistance, and recreational activities. A notable example is the Arirang Nursing Home, which provides culturally tailored care primarily for the elderly Korean community, with support from the Korean International Health Foundation. While private elderly care services are gradually expanding, broader acceptance in Uzbekistan requires increased public awareness, supportive policy incentives, and better integration with community-based care to foster trust in institutional care models.

care for people with disabilities are also entitled to certain privileges, such as priority access to public services and the ability to stay with the person they are caring for during hospital treatments.

People with disabilities are typically categorised into three groups, each with different care needs and eligibility for social benefits:

	Target Beneficiaries	Types of Services Offered
<b>GROUP I</b>	Individuals with severe disabilities, highly dependent on others for daily living.	Long-term care, rehabilitation services, and specialised medical support.
<b>GROUP II</b>	Individuals with moderate disabilities, partially independent but requiring some forms of assistance.	Rehabilitation, assistive devices and support to enhance independence.
<b>GROUP III</b>	Individuals with milder disabilities, largely independent, able to work and participate in the community.	Targeted support for specific needs like transport and workplace accommodations.

People with moderate disabilities are more likely to receive home-based care and part-time assistance from care workers or women family members, while people with more severe disabilities normally receive care in institutional facilities.

In order for people with disabilities, as well as elderly people, to receive public care services there needs to be an identification and registration process. Identification of a person with a disability or an elderly person requiring care begins with either a proactive search by social workers, patronage nurses and/or local community leaders (Mahalla representatives) or through formal applications submitted by the elderly, persons with disabilities, their legal representatives, or concerned individuals. They are identified based on written, verbal, or electronic requests submitted to the ‘Inson’ Social Services Centre or the Unified National Social Protection System. Once an application is received, it is registered and a social worker conducts a preliminary review within one business day. Urgent cases receive immediate attention. A working group, including a social worker from the ‘Inson’ Centre, a family doctor and a local government representative, conduct a detailed assessment within three business days.

The evaluation covers health status, dependency levels (using the Barthel and Lawton scales), medical needs, housing conditions, financial situation and access to social protection. Findings are recorded in the Unified National Social Protection System, determining whether the individual requires institutional care such as that offered by Sakhovats, Muruvvat boarding houses for children with disabilities or other long-term residential care institutions. If institutional care is deemed unnecessary, alternative home-based services may be arranged, including the assignment of a social worker assistant, provision of medical and legal support and enrolment in daycare or community-based programmes.

Institutionalised individuals undergo quarterly reassessments to ensure appropriate support, while a multidisciplinary group monitors social service effectiveness every six months. The system prioritises home-based and community care, reserving institutional care for those with high dependency levels or unsafe living conditions. Although international standards guide assessments, some subjective elements remain when evaluating living conditions.<sup>72</sup>

Our primary research and field-level inquiry found that private care centres for people with disabilities are few in number and largely medicalised in their approach. Existing private clinics and rehabilitation centres primarily focus on providing medical treatments such as physical therapy, orthopedic services and neurology consultations. While this type of care is essential, it represents only one dimension of support needed by people with disabilities. These facilities often lack a holistic, rights-based perspective that considers social inclusion, emotional well-being, independent living skills and community engagement – critical aspects for enabling people with disabilities to live fulfilling and autonomous lives.

Furthermore, the absence of comprehensive, family-centred services such as psychological counselling, peer

support, inclusive education, skills development and respite care continues to place an enormous burden on caregivers – particularly family members.

Private facilities seldom offer tailored programmes that address the unique social and developmental needs of children and adults with disabilities. As a result, families are left to navigate a fragmented system where medical care is accessible in private settings, but social support, empowerment services and inclusion initiatives are either unavailable or left to institutional facilities, NGOs and informal networks. For private care centres to effectively support people with disabilities, a shift is needed towards a more integrated model that goes beyond clinical treatment and embraces a multidimensional understanding of disability.

**1.3 Care Leave and Flexible Work Policies**

Pregnancy and Birth Leave is granted for 70 calendar days prior to the date of the expected birth (including in cases of miscarriage) and 56 calendar days after childbirth. This is extended to 70 calendar days in the case of a complicated childbirth or multiple births. Pregnancy and birth leave are combined into a total period and granted in full, regardless of how many days were used before childbirth. At the 30th week of pregnancy, women receive a verified medical certificate, which serves as the basis for the pregnancy and birth leave application. The system is digitalised, and the medical certificate is registered in the system as soon as it is issued. Women receive 126 days pregnancy and birth leave payment cumulatively after the 30th week of pregnancy, regardless of the actual date of birth. The benefit must be provided before the leave begins or, if not received beforehand, claimed within six months following the end of the leave. After this period, the benefit is no longer available.<sup>73</sup>

benefits directly from the state budget, following an automated process regulated by the Cabinet of Ministers Resolution No. 314 (May 31, 2024)<sup>74</sup> and the Labour Code.

Pregnancy and birth benefits are paid at either 75 percent or 100 percent of the salary, depending on the length of service. Women who have worked for more than 12 months receive 100 percent of their average monthly salary, while those with between 6 and 12 months of service receive 75 percent. The Cabinet of Ministers determines the procedure for assigning and paying these benefits. The Labour Code ensures that all women officially employed for at least six months prior to pregnancy are entitled to receive this benefit.

Despite recent improvements, challenges remain for women in the private sector. Many face difficulties due to informal employment and a lack of formal employment contracts, limiting their access to pregnancy and birth benefits. Under the current system, the Social Insurance Fund covers up to 2.5 million UZS per beneficiary, while the employer must pay the difference between 4xMCE (minimum consumption expenditure)<sup>75</sup> and 75 percent or 100 percent of the average monthly wage, depending on the length of service. This can impose a significant financial strain on employers.



Before the introduction of the 2.5 million UZS cover up, private-sector employers were solely responsible for pregnancy and birth benefit payments, often leading to reluctance to hire or retain women in childbearing age.<sup>76</sup> A 2024 report indicates that some businesses failed to pay these benefits or dismissed pregnant employees to avoid financial obligations. In 12 out of 25 private companies surveyed by the government, sick leave benefits were not provided, and 15 failed to pay maternity leave allowances entirely.<sup>77</sup>

In the 2023 state budget, 300.7 billion UZS was allocated for pregnancy and birth allowances for 130,000 women in the private sector. However, only 19,000 women received payments, totalling over 40 billion UZS.<sup>78</sup> In 2024, the allocation decreased to 100 billion UZS, but it was projected to benefit over 40,000 women. Low coverage is primarily due to informal employment and occupational segregation, as women in public-sector jobs receive state-funded maternity benefits. There is also anecdotal evidence of work contracts being terminated during pregnancy before maternity leave begins, despite legal prohibitions.

A maternity benefit may not be assigned under the following conditions:<sup>79</sup>

- + If a woman is employed by an individual entrepreneur;
- + If a woman is not formally employed at the time of assessment for pregnancy;
- + If a woman has not worked continuously for the previous six months (180 days) before receiving the certificate assessing her as being pregnant;
- + If a woman has not continuously received wages in the six months (180 days) prior to the issuance of her sick leave certificate.

The draft law 'On State Social Insurance'<sup>80</sup> proposes reforms to improve maternity benefits, particularly for private-sector employees. To address challenges, the law aims to fully shift the responsibility for pregnancy and birth leave payments from employers to a centralised social insurance mechanism. This aligns with international standards, including the International Labour Organization's (ILO) Convention No. 183 on Maternity Protection, which recommends that maternity benefits be provided through social insurance rather than direct employer obligations.<sup>81</sup>

A phased implementation plan begins on July 1, 2025, ensuring that all insured women, provided their employment is formal, will receive pregnancy and birth leave benefits through the social insurance system.<sup>82</sup> This approach will promote gender equality in the workplace, reduce employment discrimination and foster a more inclusive and equitable labour market by centralising maternity leave financial responsibilities.

#### Adoption Leave

Benefits for employees adopting or guardianship of a newborn child from the hospital where the child is born are determined based on the employee's length of service.<sup>83</sup> Employees with between 6 and 12 months of work

experience receive 75 percent of their average monthly wage for 56 days after adoption (70 days for multiple children), while those with over 12 months receive full pay, recognizing longer-term employment contributions. Additionally, such individuals get childcare allowances until the child reaches the age of 2 and can request additional unpaid leave until the child reaches the age of three.<sup>84</sup> Although this leave is available to both parents, it is common practice for mothers to be the ones who take it. The law does not specify if the leave can be split between parents.

#### Childcare Leave

After the end of 'pregnancy and birth' leave, at the woman's request, she is granted childcare paid leave until her child reaches the age of 2. Benefits are paid for this period in accordance with the procedure established by the Cabinet of Ministers.<sup>85</sup> This establishes a monthly childcare allowance for children up to the age of two to mothers employed in the private sector, at 60 percent of the minimum wage. For women employed in the public sector it is paid at the same rate but from the State Budget. A woman is also granted additional unpaid leave to care for her child until the child reaches the age of 3, at her own request. During the period of childcare leave, the employee's job (position) is retained.

This time gap creates a difficult situation for women, as they are entitled to partial paid leave until their child turns 2, but beyond that they can only access unpaid leave until the child reaches 3. The absence of public childcare services and the high cost of private childcare for children under 3 exacerbate the situation. Women are left with limited options: they must either find expensive private childcare or secure alternative forms of child support, adding financial pressure on their families. Alternatively, they may be forced to take unpaid leave for one year, resulting in a prolonged loss of income, or they may have to leave their job entirely. This situation not only impacts their immediate financial stability but also hinders their long-term career progression. Extended periods of unpaid leave or job abandonment often lead to gaps in employment, reduced professional experience and limited access to future job opportunities.<sup>86</sup>

Non-working, self-employed and informally employed women receive childcare benefit only if they are from low-income families, through the social assistance programme.<sup>87</sup> Since September 1, 2021, the amount of childcare allowance for a child up to two years of age has been set at 60 percent of the minimum wage.<sup>88</sup>

Childcare leave can be taken other than by the mother. The father, working grandparents (including great-grandparents), sisters and brothers, or other close relatives can take this leave at the end of 'pregnancy and birth' leave. Under Article 405 of the Labour Code,<sup>89</sup> this leave can be fully or partially transferred to any relative who is providing primary care for the child.

One of the parents or guardians of a child with a disability under the age of sixteen is entitled to a social leave of up to four calendar days annually, paid by the employer.<sup>90</sup> Such leave is also provided for one of the parents (or guardian) with two or more children under the age of twelve.

Additionally, one of the parents of a child with a disability is entitled to one day of paid leave a month funded by state social insurance.<sup>91</sup> One parent (or guardian) of a child with disability, or two or more children under 12 can benefit from up to 14 days of unpaid leave annually.<sup>92</sup>

#### Reduced Working Hours and Feeding Leave

For employees in the public sector, one parent or the guardian of a child under the age of three is entitled to reduced working time (from 40 hours to thirty-five hours per week worked). Importantly, despite the reduction in working hours, these employees are entitled to full remuneration equivalent to their standard working hours.

Additionally, the regulations extend protections to pregnant women and individuals with caregiving duties for children or ill family members. Employers are required to provide part-time work upon request with a valid medical certificate for pregnant employees, parents of children under 14 (or children with disabilities under 16) and caregivers of sick family members.<sup>93</sup> While the law sets out provisions benefiting women in their caregiving functions, without compensation schemes for employers, it may negatively impact women's access to employment and contribute to the stigmatisation of women in workplace.

The legislation provides feeding breaks for public-sector parents and guardians returning to the workforce with children under two years old, entitling them to breaks at least every three hours, with each break lasting no less than 30 minutes.<sup>94</sup> These paid breaks are included in the parent's (guardian's) working hours, ensuring no financial penalty for childcare duties. Parents or guardians of children under two can request to combine feeding breaks with rest and meal breaks or shift them to the start or end of the workday, with a corresponding reduction in hours.

In the private sector, breaks to breastfeed or feed and the duration of reduced working hours for parents or guardians of children under the age of three are also universally mandated, but the actual length and order are determined by the employer, in agreement with the Labour Union. This arrangement requires consensus between employees and trade unions or employee representatives, offering flexibility to adapt working conditions to organisational capabilities, while still addressing the needs of employees with family responsibilities.<sup>95</sup>

While the law prescribes the above leave policies there are two pathways for employees in cases of labour rights violations: Labour Inspection under the Ministry of Poverty Reduction and Employment, and the court system. Ensuring accountability through the labour inspection or courts when employers refuse to comply with labour rights is challenged by the fear of jobs loss, lack of labour rights awareness, bureaucratic hurdles and traditional social norms discouraging women to speak up and take legal action. Limited trust in the judicial system, economic dependence and a preference for informal resolutions further deter them from seeking justice. Many women work in the informal sector or without formal employment contracts, where they may not be officially recognised as employees, further complicating their access to leave.<sup>96</sup>

Although Uzbekistan's childcare leave legislation is gender-neutral in principle, the absence of gender-and age-disaggregated data on leave uptake limits the ability to assess its actual use and effectiveness.<sup>97</sup> Strengthening data collection is therefore critical to understand how caregiving responsibilities are distributed between women and men, and to inform more targeted policy interventions.

In practice, gender norms and economic incentives significantly shape leave-taking behaviour. In rural areas, where traditional views are more deeply rooted, 66 percent of Mahalla leaders believe that women should work less than men in order to manage household responsibilities and maintain family harmony.<sup>98</sup> Such attitudes are likely to reinforce the perception that caregiving is primarily a woman's role.

66%

of Mahalla leaders believe that **women should work less than men.**



Economic considerations further exacerbate these dynamics. With a gender pay gap of 34 percent, families are often financially discouraged from having fathers take parental leave, thereby reinforcing traditional breadwinner-caregiver roles.<sup>99</sup> As noted by one participant in our focus group discussions,

“**men in Uzbekistan rarely take parental leave [because of] social norms; society supports men as breadwinners and women staying at home and caring for children.**”

#### Leave to Care for Sick Family Members

All employers are obliged to provide reduced-time work when an employee is caring for a sick family member, provided there is a medical opinion confirming the need, or when a person with a disability requests part-time work in line with the recommendations of a medical and social expert commission. The employer must also comply in other situations outlined by the Labour Code<sup>100</sup> or related laws. The schedule of reduced-time work must be arranged in a way that suits the employee's needs, though only for the duration of the circumstances requiring such accommodation. The working hours, including start and end times, length of shifts and break periods, should be determined based on the employee's preferences, while taking into account the employer's operational needs. In the case of employees with disabilities, the work schedule must align with official medical recommendations.

## 2. Assessment of Care Service Availability, Accessibility, Adequacy, and Quality

Despite significant progress in expanding the care infrastructure, challenges remain in ensuring equitable access, affordability and quality of service. Public and private sector investments have contributed to the growth of care institutions, yet disparities persist, as childcare coverage for children aged 0-2 is very limited and families in lower-income brackets face additional challenges. There are differences between rural and urban areas, especially in terms of affordability. While affordability measures such

as tax exemptions and fee reductions have been introduced, many families still face financial barriers in accessing adequate care. Moreover, prevailing cultural expectations that place caregiving responsibilities primarily on women continue to limit the development and availability of formal care services, particularly for the elderly. The following section provides a more in-depth analysis of the challenges related to childcare, elder care, and care for people with disabilities.

### 2.1 The Current Levels of Accessibility and Affordability of Care Services

#### Early Childcare and Education Service Availability and Accessibility

The availability of pre-school educational organisations (PSEOs) provides an opportunity to challenge conventional norms that mothers should take care of children at home by offering professional support for childcare. As more families utilise pre-school services, it becomes easier to shift societal expectations around caregiving and promote a more balanced division of labour within households.

In May 2019, the Cabinet of Ministers of Uzbekistan issued Resolution No. 391,<sup>101</sup> which, under Article 35, raised the minimum eligibility age for enrolment in public pre-school educational organizations (PSEOs) from 2 to 3 years. This policy change led to a significant decline in the enrolment of children aged 0–2 in public PSEOs, a trend that persisted through 2022. As a result, public PSEOs currently do not accommodate children under the age of 3.

Data from 2022 indicate that only 0.5 percent of children aged 0 to 2 were enrolled in private PSEOs,<sup>102</sup> highlighting a substantial gap in early childhood education and care services for this age group. This lack of formal care options has placed additional caregiving responsibilities on families, particularly on women, thereby reinforcing traditional gender roles and potentially limiting women's participation in the workforce.

For children aged 3–6 years, public PSEOs continue to be the first choice for parents in providing early childhood education services. Due to sustained government efforts between 2017 and 2023, there was a dramatic increase in the number of family-based non-state pre-schools, and public-private partnership-based (PPP) schools – from 5,138 in 2016 to 33, 942 in 2023.<sup>103</sup> Uzbekistan's pre-school network comprises 6,780 state kindergartens and 27,162 nonstate institutions, the latter including 847 private, 24,927 family-type, and 1,388 public-private partnership organisations.<sup>104</sup> The expansion of pre-school services, combined with reforms and investments, significantly raised enrolment rates. The proportion of children aged 3–6 years enrolled in pre-school institutions rose from 18.7 percent in 2012 to 71.1 percent in 2023.<sup>105</sup> There are significant regional disparities in pre-school attendance, with enrolment rates ranging from 56.2 percent in the Kashkadarya Region to 81.2 percent in the Bukhara Region. Additionally, all children are offered free 'school preparation courses' at the age of 6 before entering elementary school.<sup>106</sup>

Public support for inclusive education has also expanded. There are four state-run multidisciplinary specialised pre-school institutions for children with disabilities located in Nukus, Karshi, and Kibray districts, and the 'Umid' Centre in Zarafshan, alongside rehabilitation centres like 'Imkon'.<sup>107</sup> Children with disabilities are overrepresented in residential care, with 79 percent of all children in residential care having a disability.<sup>108</sup> As of 2024, 6,167 pupils aged 2–7 years attended state specialised pre-school organisations for children with disabilities.<sup>109</sup> This reflects efforts to integrate children with special needs into mainstream education. Nevertheless, challenges remain. As of 2024, NASP had identified 11,700 children lacking guardianship or foster care arrangements,<sup>110</sup> signalling a need for stronger child protection systems.

The private sector has played an increasingly significant role in addressing gaps in early childhood education services, particularly after the restriction of public PSEO access for children under three. However, only a limited number of private pre-school organisations currently offer paid services for children aged 0–2, which has limited options for families needing early care solutions.

Between 2017 and 2023, sustained efforts expanded both access to and the quality of early childhood education<sup>111</sup> through policy and institutional reforms, as well as targeted investments. Private sector growth has been more pronounced for services catering to children aged 3–6.

#### Affordability

Monthly childcare payments by families in public pre-school organisations vary based on the length of time the child stays. The amount is generally higher in urban areas compared to rural areas. Monthly fees for a child attending 9 hours per day (5 days in a week) are highest in Tashkent at 272,000 UZS per month. Regional public centre fees are slightly lower at 263,000 UZS per month for 9 hours of care, while most rural or remote locations charge 125,000 UZS per month.<sup>112</sup> Comparing the fees to the average monthly wage, the cost of pre-school care in Tashkent is approximately 3 percent of the average monthly wage,<sup>113</sup> and about a third of the minimum monthly wage.<sup>114</sup> Costs are normally lower in other regions and in rural areas, but these are proportional to lower wages, on average.

A study conducted by Numbeo found that, in March 2025, the average monthly cost of private kindergarten services was 3,836,835 UZS per child for full-day care,<sup>115</sup> placing Uzbekistan 62nd of 127 countries in the global ranking of private pre-school service prices. Its prices are higher than Russia, Azerbaijan, Kazakhstan, Kyrgyzstan, and Tajikistan, but lower than Ukraine, Belarus, Armenia, and Moldova.

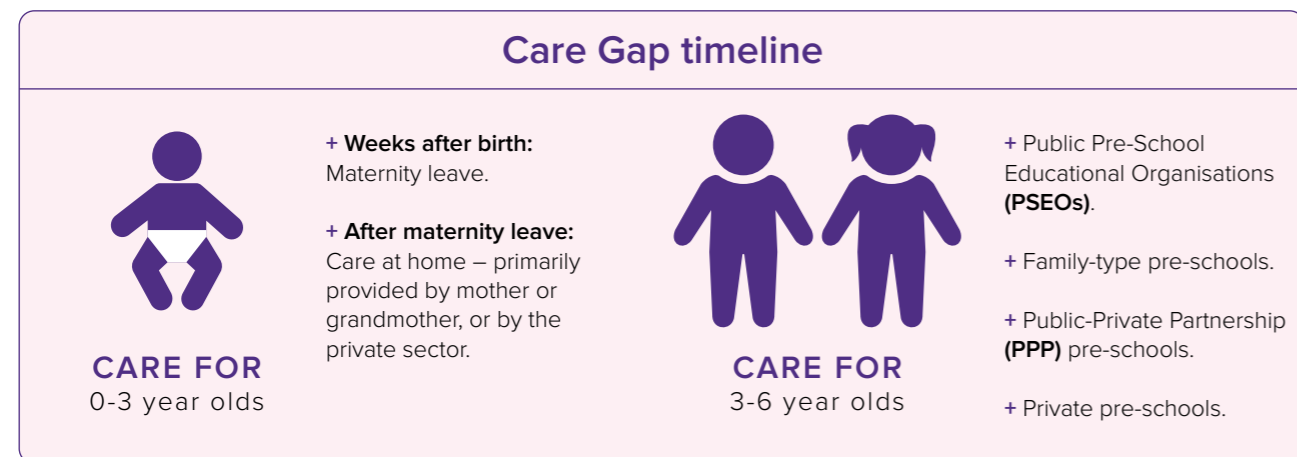
Article 378, Clause 16 of the Tax Code exempts from taxation the income used by parents (or adoptive parents) to pay for non-state/private pre-school or school educational institutions for each child, up to a maximum of 3 million UZS per month.<sup>116</sup>

From 2025, 15 percent of the capacity of family-owned pre-school educational organisations (FPEOs) is being allocated to children from low-income families, and kindergarten fees are being partially reimbursed.<sup>117</sup> Priority

will be given to children from low-income families where one or both parents are classified as disabled (Group I or II), as well as to children from families with the lowest average monthly total income. The list of children from low-income families partially reimbursed from fees is determined and compiled based on a certificate from the local community regarding the family's income status and the relevant conclusion of the pre-school's parents committee.<sup>118</sup> This cost structure could make FPEOs a more financially viable option for expanding access to early childhood education for disadvantaged families.

The expansion of PSEOs and targeted fee reductions will help to reduce unpaid care work by enabling the greater enrolment of children, thus shifting some caregiving responsibilities to formal institutions and having positive implications from the gender and child development perspectives. 162 PSEOs are planned to be built in 2025, while 100 private and 1,000 family kindergartens are planned to be opened.<sup>119</sup> Through these, pre-school education coverage (3-6 age) is expected to increase to 78 percent. However, gaps in coverage and limited availability will still result in many families, particularly those in underserved regions, relying on unpaid care, performed mostly either by young mothers or older grandmothers. The lowest rates of pre-school education availability were reported in the rural areas of Bandihan, Denau, Kumkurgan districts of Surkhandarya Region, Chirakchi, Kamashi, Kitab districts of Kashkadarya Region and Yangiyul district of Tashkent Oblast.<sup>120</sup>

Alternative childcare services offered by the private sector or independent caregivers often come at a high cost, making them unaffordable for many families, particularly when compared to average household incomes. According to public job search platforms such as OLX.uz and hh.uz, private babysitting services in Tashkent in 2024 could cost around 25,000 UZS per hour or approximately 4.4 million UZS per month for a full-time schedule (8 hours a day, 22 days a month). These nanny fees are reportedly much higher than the average monthly salary of school teachers in the city.<sup>121</sup> In addition, unlike teachers whose salaries are paid by PSEOs, these expenses must be fully covered by families. There is limited data available on the availability and cost of paid care services outside of Tashkent, making it difficult to draw definitive conclusions about regional trends. However, it can be cautiously assumed that such services are less prevalent in other regions, given generally lower income levels compared to the capital. Anecdotal evidence suggests that in many parts of the country, families continue to rely on informal care arrangements, such as older children caring for their younger siblings or grandparents providing support – practices that may reflect both cultural norms and a lack of accessible, affordable formal childcare options.



## Elderly Care Services

### Availability and Accessibility

Care for older family members is deeply influenced by cultural, legal and economic factors and familial norms. Children, particularly daughters or daughters-in-law, are expected to care for their aging parents. This expectation is enshrined in Article 80 of the Constitution, which obliges able-bodied adult children to provide care for their parents.<sup>122</sup>

Despite the elderly becoming the fastest growing age group in Uzbekistan, the potential demand for elderly daycare services is growing at a slower pace, due to a strong cultural and social stigma associated with institutionalising the elderly, whether in full board or daycare services. According to UNDP survey findings, only one percent of elderly individuals – 75 percent of whom are women – receive in-home assistance from social workers, while just 0.2 percent of all pensioners surveyed reside in elderly care homes.<sup>123</sup>

Many families still see it as a moral duty, and a sign of respect, to care for aging parents at home. Consequently, available statistics<sup>124</sup> indicate a low demand for institutional elderly care, which in turn has limited the development of both public and private caregiving services – such as home care agencies, nursing homes and specialised rehabilitation facilities. Of the few existing facilities, 7 ‘Sakhovat’ boarding houses (newly renamed Social Support Centres)<sup>125</sup> operate in Tashkent, the surrounding Tashkent Region and provinces such as Samarkand, Namangan, Andijan, Fergana, and Kashkadarya. However, within these Sakhovat, many places are unoccupied.

Care in Sakhovat boarding homes is available to both elderly individuals with children and those who are alone, with admission procedures governed by Article 60 of the Law ‘On State Pension Provision of Citizens’.<sup>126</sup>

For elderly people with children, families must provide official proof that they are unable to provide care themselves, or that the elderly person has voluntarily

declined family support – requirements that often involve complex bureaucratic procedures.

For lonely elderly individuals – those without family or legal guardians – the process is more straightforward: their status as living alone is sufficient for eligibility, and they are not required to demonstrate the inability or unwillingness of relatives to provide care. In both cases, 80 percent of the pension is allocated to cover care costs, with the remaining 20 percent retained for personal use.

In practice, there are many reasons why older adults may opt for institutional care – such as children migrating for work or being otherwise unavailable. These cases challenge the traditional model of family-based elder care and emphasise the importance of prioritising individual autonomy and preferences in care arrangements. Ultimately, this situation reflects a deeper systemic issue: the persistent disconnect between entrenched cultural expectations around unpaid care and the shifting realities of modern life, where such caregiving is often overlooked and undervalued.

Voluntary institutionalisation by elderly individuals with families also raises policy questions about resource allocation. State-funded institutions developing financial schemes for individuals without family support should provide quality services to those choosing institutional care. This requires a nuanced approach that respects their preferences while addressing systemic capacity and funding challenges.

In the fourth quarter of 2024, NASP piloted a new daycare service for individuals in need of care in Tashkent City and the Samarkand region. It aimed at addressing the increasing demand for care services, offering support to individuals not falling under the existing register of single persons living alone in need of care, as well as lonely elderly and persons with disabilities. The results of the pilot are expected in the coming months.



### Affordability

As previously mentioned, residents of Sakhovat homes who receive residential care have 80 percent of their pension allocated towards covering the cost of these services, with the remaining 20 percent reserved for their personal use.

In contrast, the new public daycare centres piloted in Tashkent City and Samarkand Region operate on a different funding model: the cost of care – set at 73,000 UZS per day for eight hours – is paid autonomously by recipients and their families, with support from the State. Payment is organised around two distinct support programmes intended to ease families’ financial burden. The options are based on the financial situations of families:<sup>127</sup>

**1. Support programme for family members:** during the first month, families contribute 20 percent of the service’s total cost, with NASP covering the remainder. From the second month onwards, families assume full payment. This approach aims to build trust in institutional care and reduce associated stigma.

**2. Support programme to alleviate poverty:** this tiered system requires families to pay 20 percent of the cost for the first two months, rising to 25 percent in the third month. From the fourth month, families are responsible for the full cost.

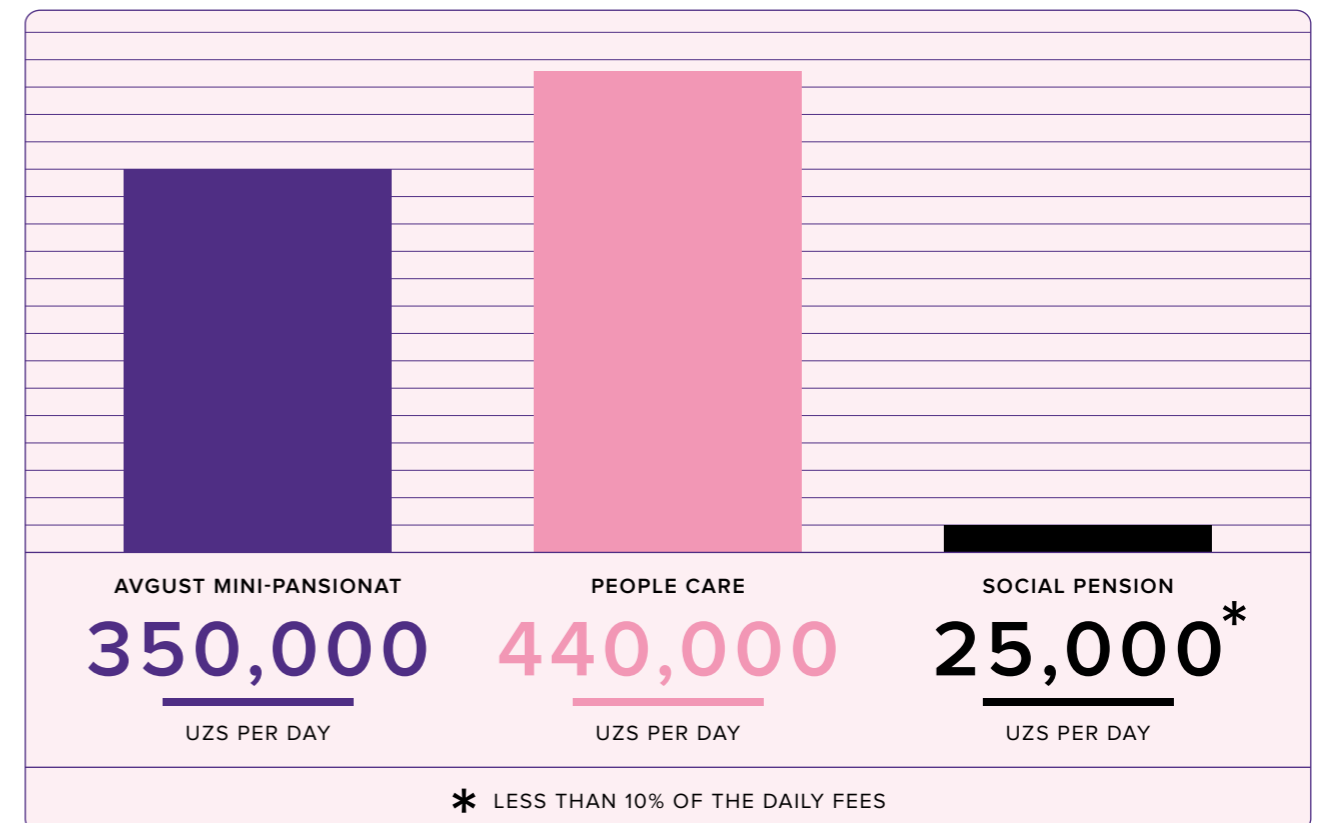
Meanwhile, private elderly care facilities in Tashkent are gradually emerging to address critical gaps in care provision for the aging population. Despite private sector efforts to offer high-quality care, daily costs are

nonetheless challenging for many families. Avgust Mini-Pansionat charges approximately 350,000 UZS<sup>128</sup> per day, while People Care’s daily fees start at 440,000 UZS,<sup>129</sup> varying according to the elderly individual’s health condition. Although competitive by international standards, these prices significantly exceed the average elderly person’s financial capacity.

Under Uzbekistan’s pension system, many elderly individuals typically rely on monthly social pensions starting from approximately 745,000 UZS or roughly 25,000 UZS per day. Compared to the daily fees of private care facilities, those receiving pensions would find their costs unaffordable, as daily charges exceed their available income.

The affordability of private elderly care is also shaped by factors such as economic inflation, potential reforms in pension schemes, and the absence of targeted financial mechanisms designed explicitly for elderly care. Any increases in the cost of healthcare services or changes in governmental financial support would further widen the affordability gap, making private care even less accessible to the general population.

Addressing these affordability and acceptance challenges requires coordinated policy and societal responses. Government incentives, subsidies and tax relief programmes for families opting for private elderly care could significantly ease financial pressures. Raising public awareness about the tangible benefits of professional elderly care and fostering public-private partnerships to lower operational costs could substantially enhance both affordability and societal acceptance.



## Disability Care Services

### Availability and Accessibility

In the first quarter of 2025, NASP reported 1,031,609 registered people with disabilities, of whom 173,285 were children under the age of 18.<sup>130</sup> However, proper identification and support of people with disabilities is challenged by inconsistencies in applying different definitions related to disability. Similar challenges exist for children with disabilities and identification of special education needs, coupled with an underdeveloped Education Management Information System (EMIS).<sup>131</sup> In 2024, 78.2 percent of eligible children with disabilities were included in educational and social services, up from 75.4 percent in 2023. The integration of children into inclusive education is another milestone, with 1,080 inclusive classes established in 2023 across 947 schools, benefiting 1,901 students.<sup>132</sup>

Despite these advances, specialised institutions still play a significant role in educating children with disabilities. The general education system is challenged in respect of physical infrastructure, learning materials, teaching methodologies, educators' capacities, application of individualised approaches and the guaranteed transportation of children with disabilities to schools.<sup>133</sup> Physical inaccessibility of schools leads to homeschooling, increasing women's care burdens. Development of inclusivity in schools should also consider girls with disabilities' menstrual needs, as they may miss school during menstruation due to a lack of accessible WASH services.

NASP has also established 'G'amhurlik' (Care) support groups for families of children with severe disabilities. In 2024, these groups operated in 66 locations, benefiting 511 children, and providing short-term support for caregivers.<sup>134</sup>

Complementing these initiatives, Uzbekistan also maintains a network of 29 Muruvvat care institutions that provide free residential care and support services to individuals with

disabilities. In 2023, these centres accommodated 8,749 individuals out of a total capacity of 9,103. Of these, 3,111 women with disabilities lived in 11 of the centres, 3,618 men in another 11, and 2,020 children in the remaining 7.<sup>135</sup> The less-than-full occupancy rate can be attributed to cultural norms and the social stigma often associated with placing family members in institutional care, but also to location and proximity issues. While decisions about whether to provide home care for a relative with a disability are typically made by men, the day-to-day caregiving responsibilities usually fall to women. To address these challenges and build greater trust in institutional care, the Government has expanded daycare services for children with disabilities and introduced video conferencing options, enabling families to maintain regular contact with their children in care.<sup>136</sup>

Additionally, Uzbekistan is home to 12 'Rehabilitation and Prosthetics Centres' that provide essential services to enhance the physical, psychological, and functional well-being of individuals with disabilities.<sup>137</sup> In 2023, these centres significantly broadened their outreach, serving more than 30,000 people.<sup>138</sup> While recent years have brought progress in expanding rehabilitation and employment opportunities for adults with disabilities, much of the general infrastructure remains inaccessible.

Despite these advancements, significant gaps persist.

**In 2024 6,700 individuals**  
in need of care were not receiving any formal support.<sup>139</sup>

Taken together, these figures highlight ongoing systemic challenges in meeting the needs of the elderly and people with disabilities, and underscore the urgent demand for both formal and informal care solutions across the country.



### Affordability

While the Muruvvat system is free for people with disabilities in Group I – albeit with considerable bureaucratic burdens – support for individuals in Groups II and III is more limited. Group II beneficiaries receive some allowances that cover essential medical care, rehabilitation, and select support services, whereas individuals in Group III receive minimal benefits and rely almost entirely on family resources. Starting from 2024, the government has piloted various financing strategies to cover care expenses for vulnerable families.

Uzbekistan has recently implemented significant reforms to support people from low-income families with restricted mobility. As of 2025, around 23,000 individuals in this group, who were previously cared for mainly by their family members, are now receiving more comprehensive assistance. Beginning this year, 19,000 of these individuals have started to benefit from support provided by professional social workers who visit their homes.<sup>140</sup> These social workers help with personal care, rehabilitation, and daily living activities, easing the burden on family caregivers and improving the well-being of those with limited mobility. Additionally, 4,000 people are now able to access newly established daycare facilities,<sup>141</sup> organised through partnerships between local Mahallas and private sector organisations. This allows family members to work or attend to other responsibilities during the day, while ensuring their loved ones receive quality care in a supportive environment. To make these services affordable, the government covers 80 percent of the costs for families who use private sector providers, while families pay the remaining 20 percent. This cost-sharing approach is designed to reduce the financial burden on low-income households and promote access to quality care.

Additionally, tax legislation offers relief for both individuals with disabilities and organisations that employ them. Tax deductions are available to people with Group I or II disabilities, those with disabilities from childhood, parents of children with disabilities, as well as single mothers raising two or more children under the age of 16.<sup>142</sup>

In accordance with the Presidential Decree of February 2025,<sup>143</sup> Uzbekistan is introducing daycare services for children with disabilities aged 3 to 18 through public-private partnerships (PPP), with full implementation expected by October 1, 2025. Enrolment is based on a social contract between parents or legal guardians and the 'Inson' Centres, following an assessment by the Psychological-Medical-Pedagogical Commission.

Entrepreneurs providing these daycare services receive daily subsidies per child: 93,750 UZS for ages 3–7 (25 percent of the minimum wage) and 101,250 UZS for ages 7–18 (27 percent of the minimum wage). In Tashkent, Nukus, and regional centres, a 1.1 coefficient increases these amounts to 103,125 UZS and 111,375 UZS, respectively. For children with disabilities from families in the Register of Poor Families, the subsidy is increased by an additional 30 percent. If transport services are provided for children living more than 3 kilometres from the facility, entrepreneurs can receive compensation of up to 75 percent of the basic monthly wage (281,250 UZS per month), calculated according to the child's actual attendance.

To further incentivise service expansion, entrepreneurs establishing PPP-based daycare centres by July 1, 2027, are eligible for preferential loans at the Central Bank's base rate (14 percent) to purchase furniture and necessary equipment.

In contrast, costs of private medical clinic offering treatments, intensive rehabilitation therapies and specialised therapeutic support are not compensated by the government, or covered through the social insurance scheme. For instance, private medical facilities providing specialised disability support and intensive rehabilitation services may charge fees starting from approximately 2 million UZS per day.<sup>144</sup> Such costs significantly exceed the financial capacity of most families. This pricing places sustained specialised care far beyond the reach of an average household, particularly considering the relatively modest state-provided disability allowances, which start at 920,000 UZS per month.

Even a single day's fee at a private medical facility would substantially exceed an entire month's disability allowance, underscoring a critical affordability gap. In practice, this gap compels many families to forego specialised private disability care, relying instead on public healthcare options or informal, home-based care provided by family members. Families who attempt to access private services often experience financial distress, as the cumulative cost of continuous care quickly becomes untenable. This economic pressure further restricts equitable access to high-quality disability support, intensifying existing socioeconomic inequalities and limiting opportunities for effective integration and improved quality of life for people with disabilities.

## 2.2 Minimum Standards for the Provision of Care Services

There is an ongoing effort to establish formal minimum standards for social care services, particularly concerning elderly care, care for people with disabilities and domestic caregiving. Currently, the regulatory framework for social

care services is still under development, with a significant focus on creating standards to regulate the quality and delivery of these services.



### Childcare

The minimum standards for providing childcare services in kindergartens are governed by specific licensing requirements<sup>145</sup> set forth in national legislation.<sup>146</sup> They emphasise the need for appropriate educational resources, qualified staff and a safe infrastructure. At a minimum, each kindergarten must have an educational or resource centre equipped with at least 2 computers and a television with a screen size of no less than 40 inches to support the implementation of pre-school programmes. There must be a sufficient supply of educational materials, maintaining a ratio of one set per 6 children.

Group sizes are also regulated, with a maximum of 20 children allowed in groups for those under three years of age, 25 for children aged three to five and 30 for short-term care groups. Staffing requirements vary based on the length of the programme (from 9-hour to 24-hour care) and specific full-time equivalent positions are mandated for both educators and their assistants. For example, a 24-hour group must have at least 2 full-time equivalent educators and 1 full and 1 part-time assistant per group.<sup>147</sup>

The facilities themselves must meet clear infrastructure requirements. The kindergarten must be located in enclosed premises with a separate entrance and must adhere to strict capacity limits, depending on the type of building. A standalone facility can accommodate up to 385 children, while a kindergarten on the ground floor of a residential building in an urban area is limited to 75 children (60 in rural areas). The space allocated per child also varies: 3.3 square metres per child in standard facilities and 2.8 square meters in residential buildings.

In addition, specific rooms must be available for administrative, medical, educational, recreational and food preparation purposes. These include a director's office, a methodologist's room, a medical room, play and activity rooms, bedrooms, dining rooms, a music and physical education hall, a library and designated areas for food storage and hygiene. Each group must also have its own restrooms and sanitary facilities must be provided for both children and staff.

Finally, to promote social inclusion, at least 10 percent of the children admitted must come from socially vulnerable families and must be accepted free of charge. This requirement does not apply to family-run non-state kindergartens.

**Private kindergartens** in Uzbekistan are required to obtain a formal license issued by the State Inspectorate for Quality Control of Education to operate. To apply, providers must submit an application form, fire safety and sanitary-epidemiological clearances, information about pedagogical staff, electronic copies of curricula and syllabi, and proof of payment of the licensing fee. These kindergartens are typically established as legal entities and must comply with regulations on premises, staffing, and educational standards.<sup>148</sup> Compliance is monitored through periodic inspections by the Ministry of Pre-school and School Education and its regional divisions, with oversight managed through a notification-based system. This licensing framework is established by the 2019 Law on Pre-school Education (No. ZRU-595),<sup>149</sup> and further clarified in a 2023 presidential decree,<sup>150</sup> which streamlined

requirements but maintained the core obligation for non-state pre-schools to undergo the licensing process. The decree also introduced more flexible criteria for teacher qualifications and class sizes to encourage sector growth, while ensuring regulatory oversight remains in place.

**Family-run non-state pre-school institutions**<sup>151</sup> in Uzbekistan are subject to specific but more flexible standards compared to larger private kindergartens. These institutions are established within the framework of public-private partnerships and are operated by individuals registered as sole proprietors. Importantly, they do not require a formal license to operate; instead, they must obtain a special permit from the local (district or city) administration. A formal agreement must also be signed with MoPSE, and the institution is included in the unified register of such agreements.

The institution must be based in a residential home that meets fire safety and public health standards. A minimum of 7 and a maximum of 12 children aged 3 to 7 are permitted to attend. The household must provide appropriate conditions to support the healthy development of children. The facilities are not allowed in urban areas. They serve local rural communities.

At the entrance of the facility, an information board must be displayed, presenting key documents such as the permit issued by the local administration, the public-private partnership agreement, copies of staff diplomas (both pedagogical and medical), and the institution's schedule and regulations. The educational content must align with national pre-school education standards and be approved

### Elderly and Disability Care

Currently, there is a lack of clearly defined standards governing elderly care services, including guidelines for caregiver qualifications, facility infrastructure and operational procedures. This absence of formal standards creates variability in the quality and consistency of care provided by public and private institutions, as facilities may differ significantly in staffing, amenities and the overall level of care offered.

**Similarly, there are no comprehensive standards specifically tailored to disability care.**

Services for people with disabilities are predominantly assessed through a medical lens, focusing primarily on clinical treatment and rehabilitation rather than holistic care. Consequently, the existing regulations emphasise medical requirements and clinical competencies, neglecting broader care dimensions such as daily living assistance, psychological well-being and social integration, further limiting the development of structured, person-centred disability care services.

or recommended by MoPSE. The family kindergarten may also use its own curriculum, provided it is reviewed and authorized by the Ministry.

The daily schedule is determined by the founder in coordination with parents' preferences. Standard models include 4-hour or 9-hour programmes over a five-day week. A six-day work week is also permitted based on community needs. Meals must be provided in accordance with the sanitary regulations approved by MoH and medical care is delivered under a contract with health service providers. Health professionals ensure the physical development and well-being of children, conducting preventive activities and monitoring compliance with hygiene and nutrition standards. All staff must have regular medical examinations based on contractual arrangements.

Quality childcare services are a significant issue in the early childhood education system, especially in remote areas. This stems from several factors, including the lack of uniform quality assurance standards, capacities of educators and the absence of an independent system for assessing the quality of pre-school institutions. The minimal qualification for an educator in state preschools is a degree of special and professional education (academic lyceum and professional colleges).<sup>152</sup> In 2023, 97.9 percent of educators in all state-run pre-school institutions met the minimum required qualification, while in non-state institutions it was 89.9 percent.<sup>153</sup>

Without consistent and rigorous evaluation frameworks, it is difficult to measure and ensure the effectiveness of these services.

### Protection from Violence and Abuse

Equally important is protecting the rights and well-being of care recipients to prevent violence, abuse and health risks, particularly for individuals with mental or physical disabilities and young children who may be unable to express concerns or even recognise mistreatment. There is a noticeable gap in regulating caregiver qualifications and the quality of services provided. There is also a lack of regulations requiring mandatory psychological and health check-ups to ensure caregiver compliance with health and safety standards. Currently, there are no regulations in place that explicitly bar individuals with a history of serious offenses – such as premeditated murder, gender-based violence, or other violent or abusive conduct – from employment in this sector. The lack of a system to provide a pool of vetted care specialists, complete with references or ratings from previous employers, further exacerbates the risk of hiring undesirable caregivers without a reliable track record. To ensure the safety and well-being of care recipients, it is crucial to introduce legal provisions that prohibit individuals with such criminal backgrounds from providing care services, in addition to establishing minimum qualification requirements.

### 3. Impact of Unpaid Care on Women’s Socioeconomic Status

The unequal distribution of caring responsibilities between men and women, with women shouldering the majority of unpaid care work, perpetuates gender inequalities. Unpaid care work plays a significant role in creating structural barriers that limit women’s ability to engage in various economic, social and political activities. Not only does it impact their capacity to participate in paid employment, education, community involvement and leisure, but it also impedes their ability to accumulate assets, exercise, develop skills and have a voice. The low labour force participation of women is not only also associated with persistent social norms, but also with the institutional setting around maternity leave and the lack of public childcare services for children under 3, as discussed earlier. The impact of employers not having to pay for maternity leave may change this and needs to be monitored. The maternity penalty is further reflected in comparatively large gender pay gaps, due to prolonged drop-outs of women from the labour market and the

stereotype that men are the primary breadwinners, while women cannot hold leadership positions. A 2022 UNDP survey on gender stereotypes demonstrated that while society is generally supportive of women’s education, women’s participation in labour and entrepreneurship faces societal disapproval.<sup>154</sup> A more recent UNDP nationwide assessment demonstrated broad support for this perception: A higher percentage of women (51.06 percent) completely agree that responsibility should be equally shared, compared to men (36.19 percent). A significant portion of men (43.81 percent) completely agree with being the breadwinners and letting their spouses do all the housework and care, while a miniscule percentage of women (3.90 percent) completely agree with this statement. Conversely, a majority of women (59.31 percent) completely agree that although they work, they must be responsible for the house, which is more than men (51.43 percent).<sup>155</sup>

The gendered division of labour significantly affects women’s participation in the workforce. From 2016 to 2022, the proportion of women in total employment fell from 45.7 percent to 41.2 percent.<sup>157</sup> This decline is largely attributed to the growing caregiving responsibilities women face, which are linked to a rising birth rate during this period.<sup>158</sup> Notably, 40 percent of mothers had their first child before the age of 25.<sup>159</sup> In 2020, the rate of young women aged 19-30 who are NEET (not in employment, education, or training) was notably high at 74 percent compared to 24.8 percent for same age men.<sup>160</sup> World Bank data reveal a significant gender disparity in employment among individuals aged 25–34, with only 37 percent of women employed compared to 93 percent of men in 2022.<sup>161</sup> Women’s involvement in the management of private enterprises is also among the lowest in Central Asia.<sup>162</sup> Reflecting these trends, a recent UNDP report<sup>163</sup> highlights the economic difficulties faced by women caregivers unable to participate in the workforce, particularly those caring for children under three years old; 40.4 percent of these caregivers reported having no income.

in which both parents work may not have access to formal childcare services. Although data shows younger women spending longer hours per week on unpaid care work compared to men, similar trends in gender disparities are observed in individuals aged 60-70. Women in this age cohort surveyed by UNDP reported devoting an average of 22.4 hours per week to unpaid care work, compared to approximately 14.7 hours by men.

**Women in 60-70 age cohort spend 22.4 HOURS** per week on unpaid care work.

**Men in 60-70 age cohort spend 14.7 HOURS** per week on unpaid care work.<sup>167</sup>

In a country where traditional gender roles are prevalent, women opt for professions with reduced working hours such as education and healthcare or leave the workforce to manage household and caregiving duties.<sup>164</sup> This creates a vicious cycle that goes beyond social norms. Gender wage gaps contribute to women leaving their jobs to care for children or taking unpaid maternity leave. In families where fathers would like to be more involved in childcare, the fact that they typically earn more may discourage some from taking unpaid childcare leave. This is especially true when neither public nor private childcare for children aged 0-2 is viable, due to the high demand, absence of public childcare and high cost of private childcare.

Overall, adverse social norms, a lack of infrastructure and facilities in rural areas and the scarcity of reliable institutions providing quality care services can result in significant career disruptions and barriers to women entering the labour market. When early education options are scarce, women have to stay at home to care for their children or have to rely on unpaid work of close relatives. As such, women are often required to perform caregiving duties without financial compensation, facing limited career opportunities and no economic independence, as their time and energy are consumed by unpaid care work.

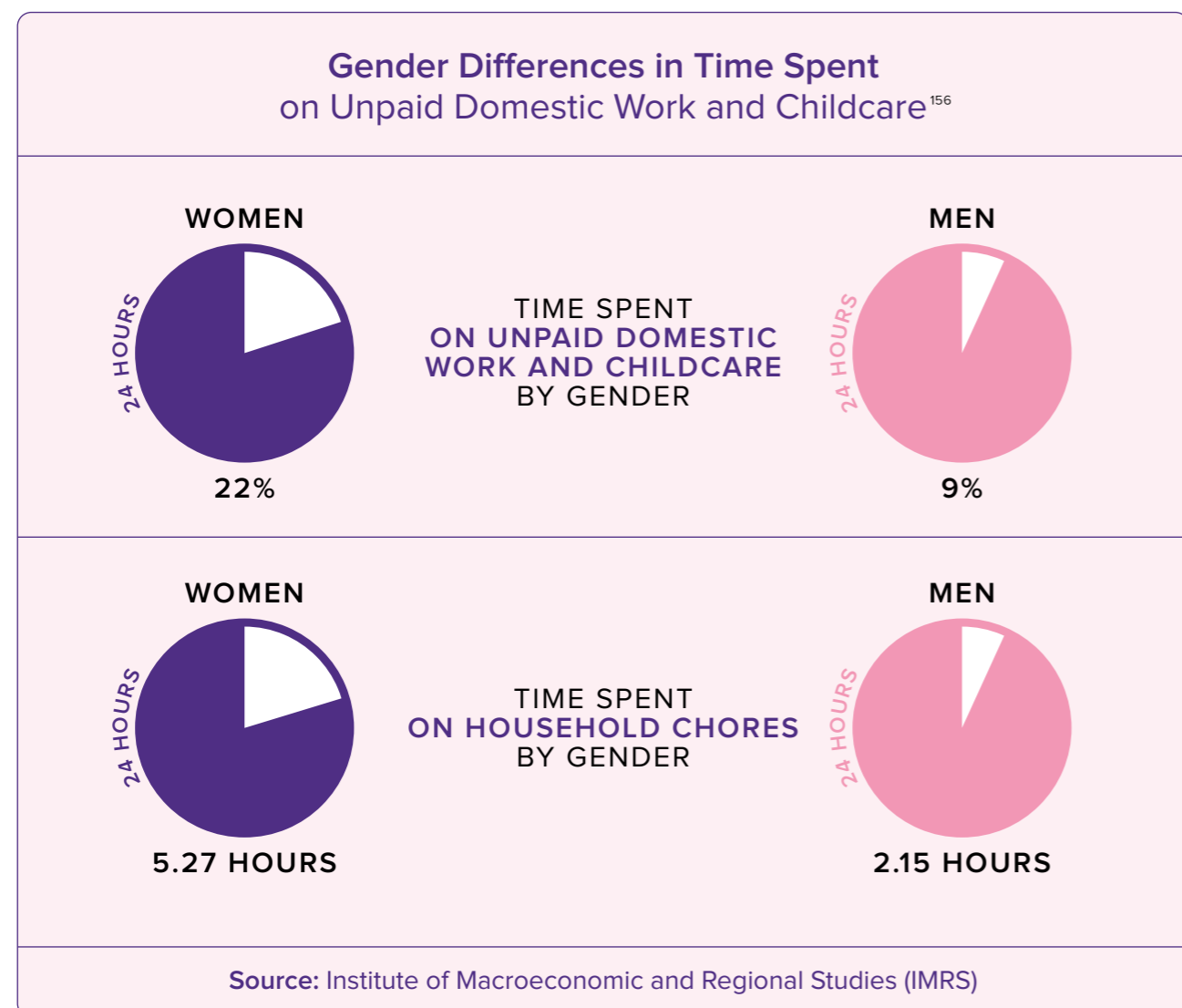
A 2024 survey identified multiple factors contributing to women’s absence from the labour force: 8.5 percent cited a lack of interest in working, 7.5 percent said their spouses did not allow them to work, 19.5 percent reported that caregiving and household responsibilities left them with insufficient time, and 22.7 percent pointed to limited job opportunities or inadequate wages as major barriers.<sup>165</sup>

**In 2022 75% of unemployed working-age women** cited homemaking and care responsibilities as their primary reason for not participating in the workforce.<sup>166</sup>

As highlighted by these survey results, the disparity of women’s share of unpaid care work is particularly pronounced in rural areas, where women bear additional responsibilities, including cooking, cleaning, fetching water and sourcing energy for household needs. Limited infrastructure compounds these challenges.

When women work, elderly women often play a central role in unpaid caregiving within the family. After retirement, many elderly women become primary caregivers for their grandchildren, while their parents work. On the one hand, this reflects the traditional family-centred structure where older generations are expected to care for younger ones. On the other hand, it is an economic necessity, as families

A World Bank assessment revealed that establishing public childcare centres positively impacts women’s labour market participation. Childcare expansion policy led to a 12 percent average increase in women’s labour supply, with the strongest effects observed for families that value education but face financial constraints. Each new public childcare centre brought about 23 women into the workforce, whilst private childcare centres brought about 5 women into the labour market for each centre established.<sup>168</sup> This is mostly explained by State investments into large capacity kindergartens compared to small businesses running smaller-capacity private childcare centres.



## 4. Gender Distribution in Care Work

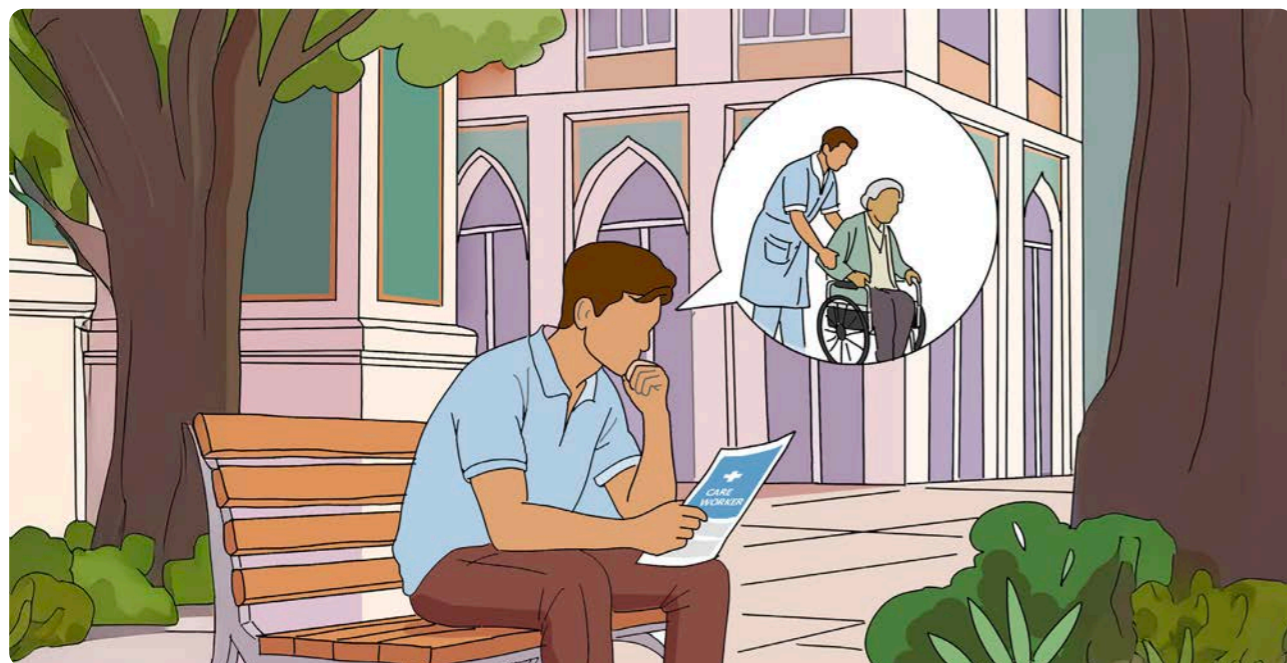
Care responsibilities significantly limit women’s economic opportunities, where unpaid care work is predominantly viewed as a woman’s responsibility. Paid care work is similarly feminised and occupationally segregated as ‘women’s jobs’. According to national labour statistics, women have consistently made up more than 75 percent of the workforce in healthcare and social services in Uzbekistan between 2016 and 2022. In 2023, this figure saw only a slight decrease to 74.8 percent, underscoring the persistent gender imbalance in this sector.<sup>169</sup> Due to women’s overrepresentation in these low-paid sectors and their long absence from employment due to care responsibilities, they earned, on average 34% less than men in 2022, far exceeding the global gender pay disparity of 20 percent.<sup>170</sup>

The predominance of women in paid care work highlights deep-rooted cultural barriers that discourage men from

entering caregiving professions. Social norms often label caregiving roles – such as providing personal care, emotional support, and nurturing – as inherently feminine, leading to stigma for men who consider or pursue such work. This socialisation steers men away from care-related jobs and reinforces gendered divisions in the labour market.

Additionally, care work is traditionally low-paid and undervalued, which does not align with prevailing expectations for men to be primary breadwinners. In contrast, sectors like construction and transportation, which offer higher wages and had men’s workforce shares of 92 percent and 87.5 percent respectively in 2023, are perceived as more suitable and attractive career paths for men. As a result, economic considerations further reduce the appeal of care jobs for men.<sup>171</sup>

Gender Breakdown of Health and Social Care Workers



## 5. Quality and Conditions of Paid Care Work

Paid care work is carried out by public and private sector employees, such as healthcare, childcare and social workers, or by individuals hired directly by families as domestic workers. State-delivered social care services are provided through institutional care units or home-based arrangements, while privately employed care workers typically operate within households. Due to the limited capacity of the social care sector, particularly in pre-schools and residential care homes for persons with disabilities, many families increasingly rely on paid domestic care workers to meet their caregiving needs. However, working conditions for paid care workers and the quality of services can vary depending on the type of employment, location, and other factors. Assessing these differences remains challenging due to the scarcity of available data.

Wages across the sector remain notably low. In 2024, the average monthly salary was 3.64 million UZS in education and 3.41 million UZS in healthcare and social services. Within education, higher education institutions offered the highest pay at 8.56 million UZS, while pre-school education recorded the lowest average salary at just 1.96 million UZS – slightly more than a third of the national average wage of 5.36 million UZS. Although salaries in social services were somewhat higher than those in pre-school education, they still fell below two-thirds of the national average, highlighting ongoing wage disparities within the sector.<sup>172</sup>

These challenges contribute to the undervaluation of social care and childcare professions, making it difficult to attract and retain skilled workers. Consequently, there is a significant shortage of qualified professionals in the sector, especially in the social care area. This shortage hampers social workers’ capacity to deliver personalised care, particularly for elderly individuals who need specialised support.

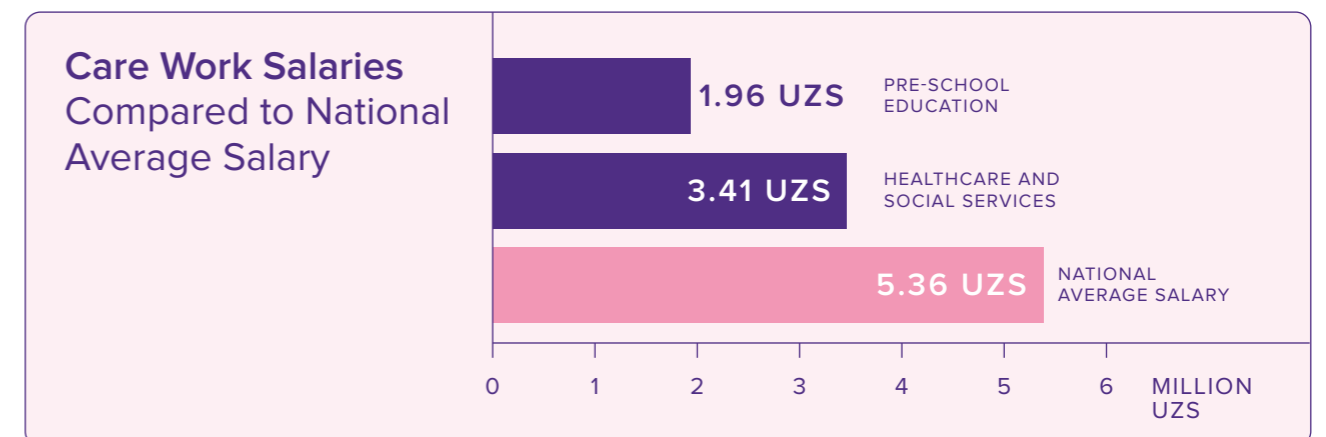
Reliable data on domestic workers in Uzbekistan is limited, making it challenging to capture the full scope of the sector. Nevertheless, anecdotal evidence from job postings on platforms such as Olx.uz<sup>173</sup> offers insight into work conditions. Although caregiving duties would typically fall outside the standard responsibilities of domestic workers, many are nonetheless expected to provide care as part of their roles – a trend that increases both the physical and emotional demands on workers. To better understand the demand for paid care sector jobs, an analysis of olx.uz advertisements in 2023 found 832 vacancies related to the care sector:

403 for domestic work, 332 for childcare, and 97 for elderly care.<sup>174</sup> The distribution of job opportunities posted on such platforms underscores broader gender and age dynamics within the sector. Most domestic work positions are targeted towards women and younger individuals, with a clear preference for candidates under 30, while men are more frequently sought for roles involving the care of domestic animals or gardening tasks. This pattern not only shapes the workforce but also reinforces existing inequalities and highlights the precarious conditions many domestic workers face in Uzbekistan.

In addition to individual employers, care service provider companies also advertise on these platforms. Their activities are regulated under the Law on Private Employment Agencies,<sup>175</sup> which sets out general rules for recruitment agencies. However, this legislation falls short in addressing specific obligations of service providers, such as safeguarding the health, dignity and rights of care recipients, nor does it establish requirements for ensuring social protection for the care workers they recruit.

Overall, the analysis of relevant sections of the job market for the care sector (direct and indirect care) reveals significant underdevelopment. Apart from the olx.uz application, there are Telegram channels managed by private individuals where job offers and requests are posted. However, none of these platforms ensure the qualifications of care workers nor the quality of services provided. While it is difficult to determine the exact nature of these jobs, the lack of information about contracts, rights, and benefits in job postings suggests that many of these positions likely operate within the informal sector. As a result, they often may not provide social protection, safe working conditions, or pathways to formal employment.

Moreover, because the activities of these online platforms are not regulated by any authorized government entity, significant challenges are likely to arise for both job seekers and care recipients. For job seekers, the absence of regulation is likely to result in few to no guarantees of social protection or labour rights. For care recipients, there is no assurance that workers have the necessary qualifications or that the quality of care meets any established standards. This lack of oversight increases risks and uncertainties on both sides, perpetuating vulnerabilities and undermining the development of a reliable care sector in Uzbekistan.



## 6. Social Security and Care Work

Care workers employed in the formal sector, such as those working in state-run childcare centres, elderly care facilities and disability care institutions, participate in the social security system. This provides them with benefits, including pensions, health insurance and paid leave, ensuring a level of financial security and protection in their professional roles. However, informal care workers, including domestic workers, nannies and those providing elderly care in private households, often lack access to these benefits due to their employment status outside of the formal labour regulations.

To address this gap, the social insurance system allows individuals working informally as care providers to secure pension benefits through voluntary contributions. If they work as self-employed caregivers for a period of seven years and make regular contributions to the social tax system, they become eligible to receive an old-age pension. Under current regulations, men can access these benefits at age 60, while women qualify at age 55.<sup>176</sup> Despite this provision, many informal care workers face challenges in making consistent contributions due to unstable income, lack of awareness or administrative

barriers, limiting their ability to benefit from social security protections.

The pension and social benefits system provides a range of support to citizens, particularly the elderly and those with disabilities. However, a World Bank survey<sup>177</sup> highlights significant inefficiencies in the system, particularly in the distribution of low-income family allowances. There are large exclusion errors, with 63 percent of the poor not receiving low-income allowances. At the same time, 62 percent of those receiving these benefits are nonpoor, indicating substantial inclusion errors. Finally, the benefit amounts are not well balanced: childcare allowances are disproportionately high but limited to children under 2 years old, while the support provided for children aged 2 to 13 through child allowances is relatively low.<sup>178</sup> This disparity in transfer amounts creates a situation where, despite support, only half of the poor receiving assistance are able to rise above the poverty line.

As of October 1, 2024, the following social benefits were payable:<sup>179</sup>

Social Benefit Type	Eligibility/Recipients	Amount (UZS)
Disability Benefits	Individuals with disabilities not engaged in paid work.	920,000/month
Elderly Citizens Without Necessary Work Experience	Those who do not meet the required employment history for a pension.	745,000/month
Caretaker Allowances	Legal guardians of children under 18 with severe disabilities, or adults requiring full care.	745,000/month
Family dependents of deceased breadwinner	Families of deceased individuals.	745,000/month (first dependant) + 244,000/month (each additional dependant)
Pregnancy and birth benefit	Each child at birth.	811,900 (one-time)
Child Allowances (NASP-determined)	Low-income families.	Amounts varying by age and number of children. First child: 325,000/month Second child: 150,000/month Each additional child: 100,000/month <sup>180</sup>

The child allowance is granted for 12 months, continuing until the child reaches the age of 18. Families must reapply annually, at which time a commission evaluates whether they still meet the low-income eligibility criteria.<sup>181</sup>

Importantly, the law allows up to 6 years of time spent on childcare leave to be added to the years of contributory service for the State Pension.<sup>182</sup> However, this applies when the primary caregiver is formally employed. It is another example of informality harming women engaged in such jobs.

### Retirement Payments and Pensions

The number of pensioners and social pension recipients has steadily increased over the past decade. In 2024, there were 4,945,300 pension and social pension recipients. 3,400,100 persons received social pensions, the primary income source for many retirees.<sup>183</sup>

In 2024, the monthly minimum partial retirement pension was set at 834,000 sou UZS, with eligibility requiring at least seven years of social contributions.<sup>184</sup> Elderly citizens unable to meet this threshold receive a social pension of 745,000 UZS. Meanwhile, the minimum disability pension stands at 920,000 UZS. These benefits must be viewed in relation to the minimum income required to meet essential living expenses, which is set at 648,000 UZS. However, this amount often falls short, particularly as the cost of living – especially for food – exceeds the established subsistence level. Compounding the issue, the official calculation of the minimum consumption basket remains unreported, making it difficult to assess the full extent of household financial strain.

The average full age retirement pension for women who have 20 years of work experience by age of 55 and 25 for men by the age of 60 was set at 3,546,115 UZS in 2024, placing value on long-term contributions to the workforce.<sup>185</sup>

Time spent caring for elderly individuals who are aged 80+, or those with disabilities of any age, is recognized as part of the length of service for the State Pension Contribution.

When calculating a pension, the following periods count as work experience:

- + Time spent in official employment, where a salary was earned.
- + Time during which social tax was paid to the Pension Fund as an individual entrepreneur, self-employed person or while working abroad.

Women can retire at 55 years old if they have a total of 20 years of combined work experience from the above categories. Additionally, if at least 7 years of this experience comes from official employment or social tax contributions, the following periods are also counted:

- + Military service.
- + Full-time higher education.
- + Parental leave (up to 3 years per child, with a maximum of 6 years total).

### Social Payments to People with Disabilities

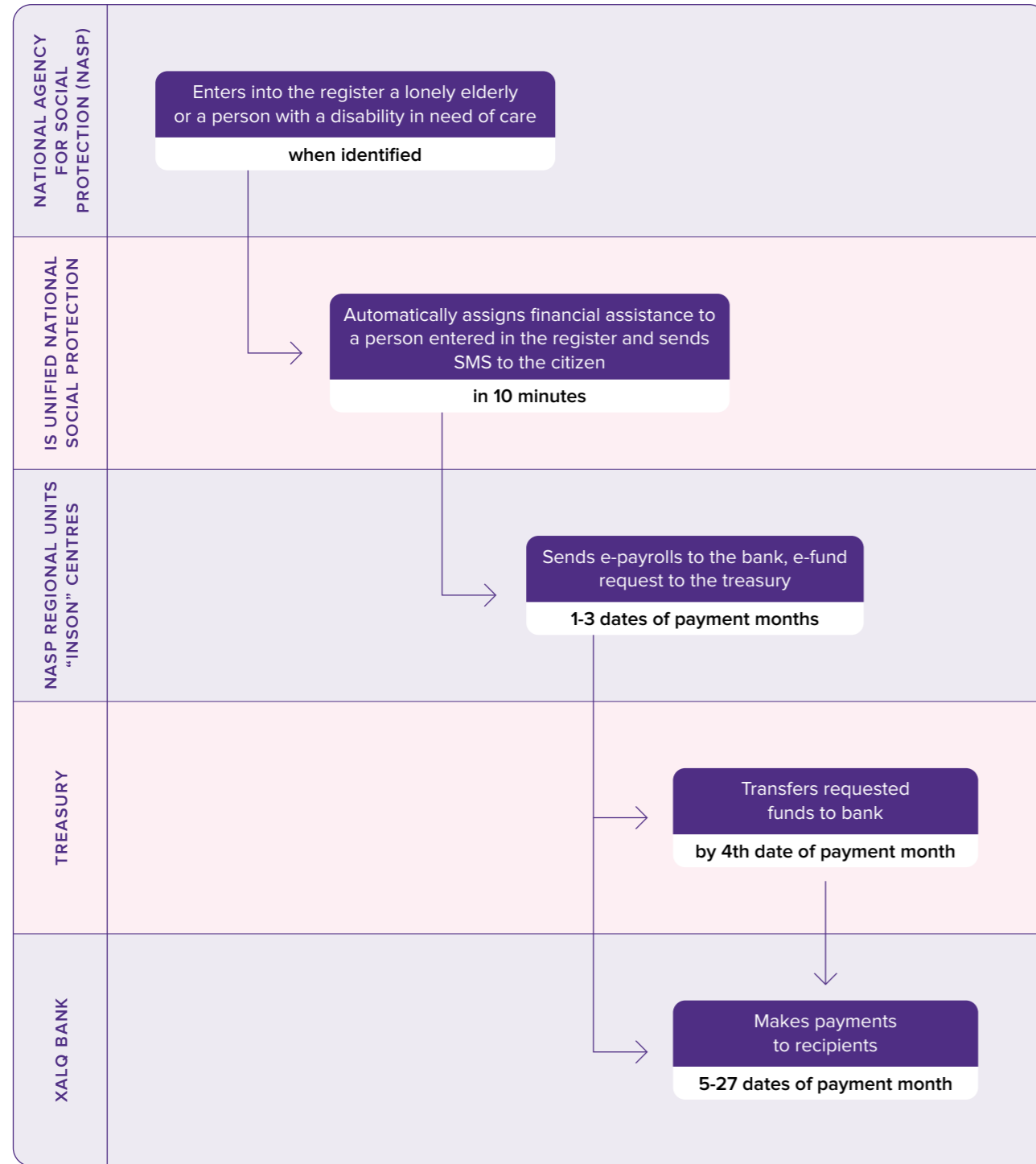
In 2024 **471,100** individuals received social payments due to a disability.<sup>186</sup>

Group I and Group II individuals of working age are generally eligible for social benefits, which provide financial assistance and support to those whose disability significantly hinders their ability to work or engage in income-generating activities. They are typically structured around medical criteria that assess the severity of the disability and its impact on the person's ability to perform daily tasks and participate in the workforce.

From a care economy perspective, this classification of individuals with disabilities reflects a tiered approach to addressing the diverse needs of persons with disabilities in society. The distribution of social benefits based on severity and dependency levels helps target resources where they are most needed, ensuring that individuals with the most profound disabilities receive the care and financial support that can enable them to maintain dignity and a quality of life. At the same time, it also encourages greater independence for those in Group III, who may require less assistance and can contribute more actively to the economy. The 'Inson' Social Services Centres are implementing a procedure for evaluating the functionality of individuals aged 18 and older, utilising locally adapted criteria from the World Health Organization's disability assessment scale, starting September 1, 2025.<sup>190</sup>

	Monthly Benefit (UZS)	Support
GROUP I	1,027,000	Most comprehensive support, in the form of financial assistance, and home and institutional care where needed. <sup>187</sup>
GROUP II	920,000	Substantial support to access necessary medical care, rehabilitation, and other support services. <sup>188</sup>
GROUP III	0	Non-monetary benefits, such as free parking. <sup>189</sup>

Financial assistance to cover expenditures on housing and communal services, food and hygiene products to lonely elderly and persons with disabilities in need of care.<sup>191</sup>



However, there is a challenge in ensuring that individuals with disabilities, especially those in Group III, receive adequate support to avoid marginalisation. While they may not require extensive care services, ensuring their access to appropriate social services, inclusive employment opportunities and accessible infrastructure is vital.

## 7. Skills Development and Training in Care Sector

### Childcare

In Uzbekistan, pre-school educators are a key professional group within the country's human capital development strategy. This sector has been the focus of recent reforms launched through Presidential Decree No. PQ-231 on June 21, 2024.<sup>192</sup> The decree sets out a vision to modernise and professionalise early childhood education by ensuring that pre-school teachers not only possess up-to-date pedagogical knowledge but also demonstrate practical teaching skills aligned with international standards. Among the key objectives is the ambition to have at least 40 percent of pre-school educators hold higher education degrees by 2030. The reform also emphasises leadership by aiming to train and certify 4,000 pre-school directors in management competencies to strengthen institutional administration.

To support ongoing professional growth, a mandatory cycle of continuous professional development requiring pre-school teachers to participate in training at least once every five years has been introduced. The A. Avloniy National Institute of Pedagogical Excellence and newly established regional centres will serve as the primary institutions delivering these training courses. Furthermore, a structured vertical system of professional development will connect the Ministry of Pre-school and School Education, regional centres, and individual pre-school institutions, facilitating a coherent and coordinated training ecosystem. Embracing digitalisation, the reform introduces

platforms such as 'Virtual Professional Development' and 'Continuous Professional Education', which enable blended and remote learning, thereby broadening access to high-quality training across the country. Beyond increasing the qualifications of pre-school educators, the reform aims to substantially improve the quality of pre-school education through the application of modern, child-centred and inclusive pedagogical practices.

Central to this modernisation is the National Learning Management System (UZLMS.uz platform),<sup>193</sup> a platform designed to streamline educators' access to accredited programmes, track their progress, and award recognised certifications. This system allows early childhood educators to enhance their skills in modern pedagogical methods, inclusive education, emotional and social development, and digital literacy, all critical areas for improving pre-school education quality.

However, motivating educators, particularly those accustomed to traditional approaches, to fully embrace these new learning opportunities remains a challenge. To address this, the system is exploring incentive mechanisms such as linking training completion to salary increases and career advancement, ensuring that professional development is both a requirement and a reward within the preschool education sector.



### Elderly and Disability Care

Social workers play a crucial role in the social protection system, with their responsibilities formally defined by Resolution No. 3240 issued by the Ministries of Employment and Labour Relations, Public Education, Higher and Secondary Specialised Education, Finance, Health, and Pre-school Education on June 10, 2020.<sup>194</sup> These professionals are tasked primarily with raising awareness among the population about the availability of social services and assistance. Beyond communication, they organise the provision of these services to individuals and communities in need, and, when requested, initiate social work interventions. Social workers operate in different capacities: some specialise in organising social services across various sectors. Others provide direct support in diverse social domains, while social worker assistants focus on serving particularly vulnerable groups such as single elderly persons, individuals requiring caregiving, and people with disabilities.

To perform their roles effectively, social workers are generally expected to have a higher education degree in relevant fields such as social work, psychology, pedagogy or sociology, while based on the type of assignment and category they are expected to have zero to at least five years of experience, and a diploma of retraining in social service.<sup>195</sup>

Recognising the importance of strengthening this workforce, Uzbekistan has made significant strides in enhancing the capacity of its social protection system, through the establishment of the Centre for Advanced Training of Social Protection System Employees<sup>196</sup> under the National Agency for Social Protection, as per Resolution No. 518 of the Cabinet of Ministers dated September 30, 2023.<sup>197</sup> Alongside the Centre, the Institute for the Development of Social Protection<sup>198</sup> was founded to carry out research activities, aiming to foster an evidence-based and modern approach to social protection. Together, these institutions form a strong foundation for skills development and policy innovation in the sector. The skills development programme at the Centre for Advanced Training of Social Protection System Employees<sup>199</sup> itself offers a combination of offline and online learning formats. Offline courses target specific roles, such as child protection division staff and social worker assistants. For example, child protection division staff undergo intensive four-day courses that cover child protection fundamentals, prevention strategies, interviewing techniques, and case management.

Meanwhile, social worker assistants receive six-day training focused on the ethics and responsibilities inherent to their roles, with particular emphasis on home care services for elderly and chronically ill individuals. Social workers at the community level have access to five-day online courses via the dedicated e-learning platform, e-learning.istc.uz, which also offers additional support through a Telegram group. Importantly, since April 1, 2024, it has become mandatory for all employees involved in coordinated social protection activities to complete at least 30 hours of online training every three years.<sup>200</sup> Exceptional performance is incentivised through bonuses that can reach up to 200% of the base salary, signaling that

professional development is an integral part of career progression in this sector. The programme is funded through a combination of sources, including the state budget, grants from the Ministry of Higher Education, Science and Innovation, international grants, and donations from individuals and organisations.<sup>201</sup> This diversified funding model provides the programme with financial stability and opens opportunities for scaling up or adapting the offer, over time, to new needs or priorities.

There are several clear strengths in Uzbekistan's skills development approach for social workers. The programme provides coverage across different categories of social protection workers, ensures accessibility through a blend of offline and online formats, and is aligned with the Uzbekistan's broader reform agenda.

Parallel to social workers are social assistants, who provide essential social and domestic services to elderly people in need, those living alone, and persons with disabilities, including children. Before the National Agency for Social Protection was established, social assistants were often treated under the same regulatory framework as social workers, especially under the 2020 Law No. 3240,<sup>202</sup> with overlapping duties in providing support to the elderly and people with disabilities. Following the establishment of the National Agency for Social Protection (NASP) in 2023, the role of social assistants in Uzbekistan has been further clarified and institutionalised:<sup>203</sup> they are now recognised as distinct frontline personnel responsible for providing social and domestic support primarily to elderly individuals living alone, people with disabilities, and others requiring caregiving. Their duties are focused on direct, home-based assistance, including hygiene, nutrition, and emotional support, rather than case management or service coordination. Unlike social workers, social assistants typically hold a special secondary education obtained through vocational colleges or medical schools.

#### SOCIAL WORKERS

case management and service coordination (and in addition can also provide social services)

#### CARE ASSISTANTS

provision of direct home-based assistance

A social worker's primary duties include raising public awareness of social services and support; developing and organising tailored service and assistance plans for individuals in need; coordinating the delivery of social services and submitting applications on behalf of clients; partnering with local authorities and community leaders to address challenges through comprehensive measures; explaining citizens' rights to state-guaranteed social benefits; and mobilising and coordinating internal resources, including volunteers such as relatives, neighbours, and sponsors, to ensure effective service provision.

## 8. Financial and Fiscal Space for Care

Maintaining consistent and sustainable funding for social programmes is vital.<sup>204</sup> Economic fluctuations and budget constraints pose a significant risk to the availability of resources for essential services, particularly those directly impacting well-being. In Uzbekistan, this challenge is underscored by the need to balance fiscal discipline with the imperative to support vulnerable populations. In this context, ensuring stable financing for these programmes is crucial for safeguarding people's rights and improving their access to education, health care and social protection.

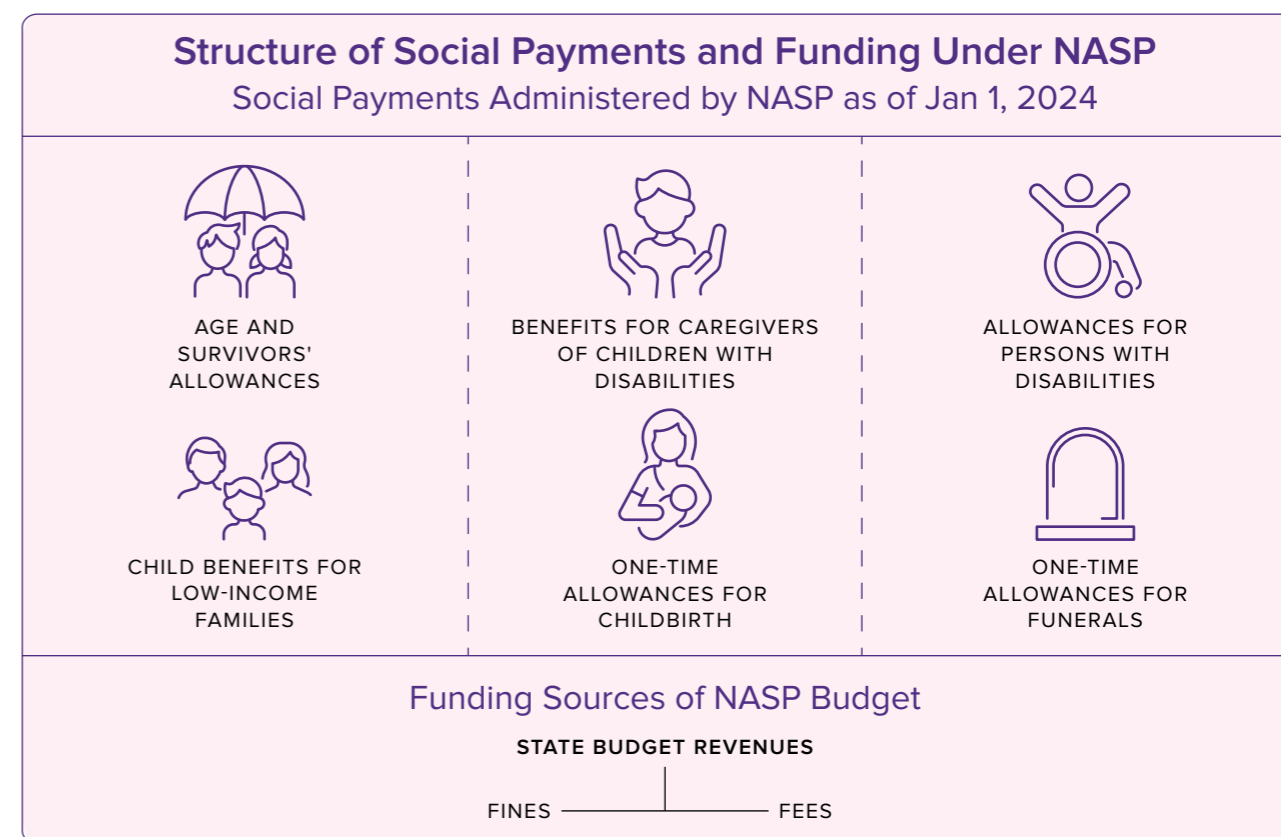
Expenditure on social care is difficult to quantify due to its distribution across various public entities. According to the ILO, social protection (SP) expenditure (excluding health) was 6.3 percent of GDP in 2021.<sup>205</sup> While NASP has streamlined the administration of social services by consolidating numerous programmes under one framework, significant spending areas remain under other authorities, such as the Ministry of Finance. This fragmentation can lead to challenges in coordinating efforts and ensuring efficient resource allocation.

2.3 million families received some form of social support in 2023.<sup>206</sup> Across the total population of families receiving social support, child benefits were the most common form of assistance, with 2.17 million families receiving child benefits in 2023. In Karakalpakstan, 143,726 families received child benefits (6 percent of the total child allowance) and in Andijan Region 217,197 families (10 percent) were recipients. Other regions like Kashkadarya and Surkhandarya saw high proportion of families receiving child benefits - 268,644 and 236,358 respectively. In Navoi, the figure was 47,697, and in Tashkent City 36,792.

In contrast, in 2023 monetary assistance of a one-time in-cash support reached 75,791 families. This was important in regions like Karakalpakstan, where 8,923 families were assisted, as were 7,647 families in Andijan. Other regions like Samarkand and Namangan provided material assistance to 7,226 and 13,054 families, respectively.<sup>207</sup> This reflected a primary focus on child welfare in the social support programmes, with material assistance playing a supplementary role, especially in regions with higher poverty levels.

The 2023 state budget planned to allocate 300.7 billion UZS for pregnancy and childbirth benefits for 130,000 women working in the private sector. In 2024, this figure was reduced to 100 billion UZS.<sup>208</sup>

From January 1, 2024, NASP has taken over the administration of several social payments, including age and survivor's allowances, benefits for caregivers of children with disabilities, allowances for persons with disabilities, child benefits for low-income families and one-time allowances for childbirth and funerals. Its budget is funded through multiple sources, including revenues from the state budget, such as fines, fees, and other income. It also receives annual transfers from the State Budget, interest income generated from temporarily placing free funds in commercial banks and grants from international financial institutions. Additional contributions include sponsorships and donations from foreign state financial organisations, international organisations, funds, individuals, legal entities and other donors. This diversified funding approach aims to enhance the sustainability and resilience of the social protection system.



However, benefits such as those associated with 'pregnancy and birth' leave and pensions remain outside of NASP's purview, managed by the Ministry of Economy and Finance.<sup>209</sup> This delineation of responsibilities necessitates effective inter-agency coordination to ensure comprehensive coverage and avoid service gaps.

Budget expenditures on health, including social care, declined from 13.5 percent in 2020 to 10.7 percent in 2024.<sup>210</sup> Social assistance beneficiaries have significantly increased in recent years. In 2017, 500,000 families received social assistance, while there were 2 million families as recipients in 2023.<sup>211</sup> The number of child allowance recipients is declining, while other beneficiary categories are expected to increase. By June 1, 2024, 1,209,936 families (representing 12 percent of all families) received social pensions and material assistance, bringing aggregate disbursements to 584,354.3 million UZS. Of these, 1,170,580 families received child allowances totalling 569,555.3 million UZS, and 39,356 received material assistance amounting to 14,799.0 million UZS.<sup>212</sup> For individuals with insufficient work history or those with disabilities, the number of recipients were projected to rise from 539,443 in 2024 to 568,696 in 2025, with allocations increasing from 5 trillion UZS to 5.7 trillion UZS. Similarly, payments for individuals with lifelong disabilities from childhood are set to grow from 1.64 trillion UZS in 2024 to 1.98 trillion UZS in 2025, as the number of beneficiaries increases from 152,385 to 192,767.<sup>213</sup> The decrease in child allowance recipients likely results from tightened eligibility requirements and a shift from universal child benefits to a targeted social protection system being available only for low-income families.<sup>214</sup>

Although Government spending on disability benefits has grown, reducing child allowances could disproportionately affect women, who typically bear the primary responsibility for caregiving. This may increase financial pressure and caregiving challenges for women, hindering their participation in the labour market and exacerbating existing gender inequalities in economic opportunities and independence. To address these issues, evaluation frameworks should consider both the economic and social benefits of interventions.

Social value can be assessed by measuring how much time women providing care can allocate to personal and professional development and wellbeing. Economic evaluations should analyse how the country's economy benefits from women participating in the labour market, whether through part-time, full-time, or home-based work and how this would be enabled by supportive care policies. Ensuring women have opportunities to balance work and caregiving responsibilities could significantly enhance their economic independence and contribution to the economy. Currently, the country's social care financial support is primarily based on fixed payments, which often lack flexibility and fail to consider the diverse needs of beneficiaries. Budget planning tends to focus on generalised allocations, which may not address the varying circumstances of individuals, particularly those with specific caregiving responsibilities or different care needs.

This rigid approach limits the ability of the system to provide adequate support tailored to the unique challenges faced by women, further reinforcing gendered disparities.

Establishing feedback systems with beneficiaries and tools for effective analysis of financial support is essential to gather insights into the impact of social spending. These mechanisms would provide the critical information necessary to evaluate financial investments, ensuring that the allocated resources achieve the intended outcomes and support those who need it most.

Overall, expenditures on social assistance have increased over recent years. Although in 2025 the number of families receiving child allowances is expected to decline by 35.37 percent from 2024, and budget allocations for these allowances will decrease by 8.64 percent in 2025 from 2024, overall social protection expenditures are expected to see a modest increase of 2.06 percent in 2025.<sup>215</sup>

Certain categories of beneficiaries will see increased numbers and monetary allocations. The number of social beneficiaries without the prerequisite work history or with disabilities is expected to rise by 5.4 percent in 2025, with associated allocations growing by 14 percent. Total payments to individuals with lifelong disabilities from childhood will increase by 20.7 percent, as the number of recipients grows by 26.5 percent. These shifts reflect a complex reallocation of resources within the social protection system, with increased support for certain vulnerable groups despite overall reductions in child allowances and family-focused benefits.<sup>216</sup> Such targeted investments aim to address the specific needs of vulnerable populations, though they must be balanced to ensure comprehensive support across all demographics.

## Conclusions and Policy Recommendations

Uzbekistan's legislative landscape demonstrates a growing emphasis on formalising care systems and addressing the needs of vulnerable groups. NASP's establishment in 2023 marked a significant step towards centralising and enhancing the delivery of social protection services. Policies supporting early childcare, elderly care and disability care have been implemented, yet significant gaps remain such as gaps in care for children under 3 and social security coverage for informal sector workers. Unpaid care work, predominantly performed by women, is still undervalued and unregulated, underscoring the need for comprehensive measures to formalise and recognise such contributions.

Extending maternity benefits to private-sector employees and the integration of digital systems to streamline service delivery provided some improvement to the system. However, informal and self-employed workers remain excluded from these benefits, highlighting a critical policy gap and lack of compliance with international standards on maternity benefits. Societal norms and a lack of accessible childcare options often compel women to remain out of the labour market for extended periods, further perpetuating gender inequalities. Additionally, the absence of a dedicated paternity leave and gender-equal parental leave policies in the current system represents a significant shortcoming. Without provisions for equal parental leave for both parents, caregiving responsibilities continue to fall disproportionately on women, reinforcing traditional gender roles and limiting opportunities for shared parental responsibilities. Addressing these issues requires expanding access to affordable childcare services, rethinking paid parental leave policies to encourage greater involvement of men in caregiving and strengthening father-child bonds, and implementing comprehensive flexible work arrangements for both the public and private sectors.

Addressing these gendered dynamics will be crucial for creating a more inclusive caregiving system, where caregiving responsibilities are shared across both genders and where the labour involved is recognised both economically and socially. To address these barriers, it is essential to recognise the importance of financial incentives and to challenge traditional gender perceptions around caregiving. Creating an environment where caregiving is seen as a valuable, respected profession for both men and women can help bridge the gender gap in the care sector, provide better support for vulnerable populations and foster a more inclusive labour market.

Moreover, the value of women's contributions to care is not fully reflected and fails to provide caregivers with essential social security benefits, and underscores the need for a more formalised and equitable care system that includes both institutional and home-based support, ensuring care services are accessible, high-quality, and sustainable.

As the country's population is increasing, there is an urgent need for a comprehensive care infrastructure that can support those in need of care. This infrastructure should prioritise independent living, enabling these citizens to


maintain dignity and contribute to society by accessing high-quality care services. The development of such an infrastructure will be essential in meeting the future needs of these groups.

Expanding paid care, formalising domestic work, professionalising paid caregivers and adopting international labour standards can enhance protections for care workers and beneficiaries alike. Future reforms should prioritise inclusivity, sustainability and the redistribution of care responsibilities to foster a more equitable society. With continued investment and a focus on addressing systemic and gender-based barriers, Uzbekistan can build a care economy that not only supports its most vulnerable populations, but also challenges gender stereotypes, recognises and values care work, empowers care workers, and unlocks women's full potential for economic participation and self-realisation.

Community-based care solutions are essential in addressing local needs and ensuring that care services are accessible to all, particularly in rural areas. By empowering local communities, more tailored and responsive care systems can be developed to improve access to services, enhance social inclusion and provide support for vulnerable populations in a sustainable manner.

A significant data gap exists in terms of understanding the experiences of caregivers and care receivers. Improved data collection and reporting mechanisms are needed to better understand the challenges faced by many groups, including women, parents of children, the elderly, care workers, and individuals with disabilities. This will enable more evidence-based policymaking and ensure that support services are effectively tailored to meet the needs of caregivers and care recipients.

To address the multifaceted challenges in Uzbekistan's care systems and ensure its sustainable development, several policy recommendations are proposed:




## Governance and Regulatory Framework

A well-structured governance and regulatory framework is essential to recognising, protecting, and enhancing care work – both paid and unpaid. Strengthening policies and legal mechanisms will not only improve the working conditions of caregivers but also contribute to economic and social development. The following actions are recommended:

- + Recognise unpaid care work and support unpaid care work in policies and social structures, for instance by recognising it as an important part of the economy, valuing it more, and potentially providing social benefits or support to those performing it.
- + Facilitate robust collaboration among relevant agencies to ensure seamless coordination, as certain benefits – such as ‘pregnancy and birth’ leave and pensions – fall under the jurisdiction of the different ministries rather than NASP, and consider separating social policy development and the payment of social security benefits, with centralisation of the latter.
- + Ratify international conventions, such as the International Labour Organization's Domestic Workers Convention, 2011 (No. 189), to align national regulations with global standards and enhance protections for domestic workers.
- + Promote fairness and the formalisation of care jobs by ensuring employer compliance through the enforcement of labour laws and the imposition of sanctions on those who fail to register care workers.
- + Ensure flexible work arrangements across all sectors, including the private sector, and actively promote these policies within government institutions to support working parents.
- + Ratify ILO Convention No.183 on maternity leave, which would extend maternity benefits not only to private-sector employees but also to self-employed women, ensuring comprehensive coverage.
- + Review Article 398 of the Labour Code of Uzbekistan (2023), which sets out provisions benefiting women in their caregiving functions.

+ Implement a non-transferable parental leave policy that guarantees 12 months of fully paid (100 percent) leave, with only a limited portion (e.g., 8-4 or 7-5 months) transferable between parents, to encourage shared caregiving responsibilities and reduce the burden on mothers.


- + Complement parental leave reforms with investments in affordable, high-quality childcare services for children aged 1-3, ensuring accessible options for working parents and supporting a smoother transition back to the workforce.
- + Introduce digital modules for employment contract registration in single electronic government, and develop incentives for formalisation of job contracts, both from employer and employee sides.
- + Revise the Law ‘On Social Services for the Elderly, Persons with Disabilities and Other Socially Vulnerable Categories of the Population’ (O‘RQ-415). This is to expand its coverage beyond individuals living alone, and better reflect the differing care needs of elderly persons and persons with disabilities.
- + Amend the Tax Code to explicitly include individual employers who hire domestic workers for non-commercial household work – such as care and cleaning – among those required and enabled to pay social tax on behalf of their employees.



## Accessibility, Availability, and Quality of Care Services

Expanding and improving care services is crucial to ensuring that individuals across all life stages have access to quality support. Strengthening infrastructure, regulatory frameworks and service delivery will help bridge regional disparities, enhance affordability and promote inclusive care systems. The following actions are recommended:

- + Scale up investments in care infrastructure to address regional disparities and meet the growing demand for services, particularly through the expansion of early childcare centres in rural and underserved areas, to ensure that all families have access to affordable and high-quality care.
- + Promote trust in institutional care models by raising public awareness and implementing supportive policy measures, while moving towards a social model of disability, recognising the importance of removing environmental and attitudinal barriers to ensure full and equal participation of people with disabilities and the elderly in all aspects of life and ensuring stronger integration with community based services.
- + Incentivise employer-supported childcare options and public-private partnerships to bridge service gaps and increase childcare availability.
- + Improve support for children with disabilities, by developing more effective daycare and in-home professional care solutions tailored to their specific needs.
- + Scale up piloted daycare facilities for the elderly, based on the pilot's results by NASP (adjusted if needed), incorporating lessons learned into standard policies and fostering a sense of community to enhance their appeal. Facilities should be adapted to local contexts with a focus on the silver economy.
- + Invest in facilities that provide not only care, but also social interaction and engagement opportunities to improve the well-being of elderly individuals and their families.
- + Develop due diligence practices for service providers operating in the care economy to ensure accountability, quality, and ethical standards in service delivery.



## Social Norms and Gendered Stereotypes

Challenging deeply ingrained societal norms and stereotypes around caregiving is essential to promoting gender equality. Transformative action is needed to shift perceptions of care work, redistribute responsibilities within households, and create an enabling environment for caregivers to participate fully in the workforce. The following measures are recommended:

- + Launch targeted awareness and behavioural change campaigns to promote the redistribution of caregiving responsibilities within families and further incentivise paternal involvement in caregiving, and highlight the economic and social value of care work.
- + Integrate educational initiatives in schools and communities to challenge gender stereotypes and emphasise the importance of shared caregiving responsibilities.
- + Develop and promote behaviour change campaigns to further incentivise paternal involvement in caregiving.
- + Provide return-to-work incentives, such as tax breaks for employers hiring women re-entering the workforce.
- + Launch comprehensive educational campaigns to positively shift public attitudes toward professional care provision – particularly private care services – by showcasing quality and benefits, and fostering greater public trust and acceptance.
- + Conduct targeted research to assess the unique challenges faced by women in patriarchal societies and households – where decision-making is predominantly men-driven – and explore the introduction of support staff in family-like orphanages to alleviate the additional caregiving burdens on women.



## Training, Skills Development and Wellbeing

Strengthening the care workforce through capacity-building initiatives is essential to professionalising the sector, improving service quality, and ensuring the wellbeing of care workers. Investments in training, certification, and support systems will enhance the skills and resilience of care workers, leading to better outcomes for both caregivers and care recipients. The following measures are recommended:

- + Standardise certification levels across child, elderly and disability care, ensuring that minimum education and training requirements are enforced in both public and private institutions.
- + Introduce a national accreditation system that links certification to career progression, wage increases, and formal employment pathways.
- + Design and implement professional development programmes to continuously upgrade care workers' skills.
- + Implement mandatory re-certification every five years, subject to meeting prescribed continuing professional development, to ensure care professionals remain up to date with evolving industry standards and best practices.
- + Implement specialised training programmes to initially equip those providing unpaid care with the skills needed to work in early childhood education, elderly care, and support for people with disabilities (PwDs) for family-provided care.
- + Expand reskilling and vocational training programmes specifically designed for caregivers who are re-entering the labour force after having taken time off for family responsibilities.
- + Expand counselling services for paid and unpaid caregivers and care workers, particularly for those caring for persons with developmental challenges, to address emotional, physical, and financial burdens.



## Financing and Public-Private Partnerships

Ensuring sustainable and equitable financing for the care economy is essential to expanding services, improving quality and fostering private sector engagement. Strategic investments and regulatory measures will help address regional disparities, meet growing demand and create a well-functioning, competitive market for care services. The following actions are recommended:

- + Conduct research on the cost-effectiveness of interventions in the care sector, to support evidence-based policymaking and optimise resource allocation.
- + Encourage private sector investment and innovation in the care sector by enhancing the sector's investment attractiveness through a stable regulatory and institutional framework, favourable tax and credit policies, and targeted government support.
- + Scale up investments in care infrastructure to address regional disparities and expand care centres, particularly in rural and underserved areas.
- + Implement home-based social services under a Public-Private Partnership (PPP) framework, to align services with market dynamics and attract private sector participation.
- + Provide state support for socially oriented private and non-profit enterprises to create a competitive and sustainable care market.



## Monitoring and Evaluation

A strong monitoring and evaluation (M&E) system is essential for ensuring that care policies, programmes, and investments achieve their intended outcomes, remain accountable, and continuously improve. Effective M&E enables governments and stakeholders to track progress, identify gaps, measure impact, and inform evidence-based decision-making. By embedding robust M&E mechanisms across the care sector, it is possible to enhance transparency, optimize resource allocation, and ensure that the needs of caregivers and care recipients are consistently met. The following actions are recommended:

- + Establish robust and time-bound accountability and evaluation mechanisms to ensure transparency and quality control in provided care services, ensuring continuous improvement and accountability, including on pre-school education.
- + Develop feedback mechanisms for beneficiaries and implement effective tools to analyse financial support, enabling the collection of valuable insights on the impact of social spending. These systems will generate essential data to assess the effectiveness of financial investments, ensuring that resources are used as intended and reach those most in need.
- + Ensure that evaluation frameworks account for both the economic and social impacts of these interventions, when assessing government spending on disability benefits and child allowances. Pay particular attention to the potential disproportionate effects of reducing child allowances on women, who are often the primary caregivers, as such reductions may increase financial strain, intensify caregiving challenges, limit women's participation in the labour market, and worsen existing gender inequalities in economic opportunities and independence.

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