COVID-19 OUTBREAK IN POST-SOVIEt CENTRAL ASIA: HAS THE TIME COME FOR SOCIAL INNOVATIONS?

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This paper critically examines health and social care projects that have been undertaken by four umbrella organizations: namely, Ezgu Amal in Uzbekistan, Peshrafi in Tajikistan; and the Kazakhstan Never Sleeps and the Together volunteer communities in Kyrgyzstan and Kazakhstan. The paper conducts critical project evaluations against social innovation criteria to find out whether, and to what extent, they are progressing towards becoming true social innovations. Critical analysis is achieved by applying social practice and human development theories.

Research found that the projects have aimed at greater inclusion and more participation and responsiveness through the extensive use of information and communication technologies as well as social networks and platforms. Particular emphasis in these projects focused on their social impact, specifically in terms of the identification of social challenges and the creation of new social relationships. In this regard, the projects mainly achieved five common features of social innovation: newness, sector neutrality, networking, needs satisfaction, and human-centeredness, but they are still progressing towards two other features: scaling up and making a social impact.
The unprecedented health and economic crises caused by COVID-19 have put a lot of pressure on the welfare states in developed economies and have increased disparities in developing and poor countries. The virus outbreak became a stress test for the health and social care of Central Asian republics. After plummeting, the virus soared back in the whole region. The second wave of infection has, however, severely hit particularly poor households as it tore through Central Asia. Retightening restrictions on residents and businesses created more poverty and social problems. While the coffers of Central Asian governments were quickly dwindling, they had to stop shortfalls by tapping emergency donor funds. In this context, the pandemic disabled the provision of health and social care services. Subsequently, this left the population without the highly desired social support and fundamental health capacities.

While COVID-19 warnings have reverberated across the region, new projects led by civil society organizations and local volunteers have also mushroomed. Their main purpose is to solve social issues and to fill in the gaps in the state health and social care sectors. In this context, it is not surprising that social innovations initiated within the last years in developed and developing countries, as Buchegger puts it, “were seen as a solution for many social problems.”¹ For instance, in her study analyzing social innovations in particular developing countries (Uganda and India) and developed countries (USA and UK), Asadova argued that “in developed countries, it is the nature of social innovation characterized by the scarce government resources for certain type of social issues which spurs social innovation.”² In developing countries, according to Asadova, “the role of social innovations was in their ability to meet social needs.”³

In the post-Soviet context, social innovation is a relatively new concept. The United Nations was the first organization to introduce social innovation as a new instrument in its development work in this part of the world. According to its development strategy, UNDP launched the first Social Innovation Lab in Armenia in 2011, following projects in Ukraine and Uzbekistan. The major purpose of social innovation was to enhance good governance and better economic performance through innovations in the public sector. I have studied these projects in Uzbekistan, Ukraine, and Armenia, and, based on my research findings, I have concluded that they had different levels of progress towards becoming real social innovations.

Now, due to the COVID-19 outbreak, new projects are thriving in Central Asia. Their genuine goal is attending to the social needs of people and addressing the breaches in the state health and social care services. Since these projects, emerging from the grassroots level, are sustainable and focused on the needs not addressed by the existing state health and social nets, they are likely to manifest in an emergence of a new set of social actions.

**Background and Purposes**

As I mention in my analytical article, “according to the Global Health Security Index (GHSI) scale between 0 (absolutely not prepared) and 100 (well prepared), none of the Central Asian republics scored above 50, although their degree of preparedness based on the GHSI score differed.” Barriers

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³ Ibid., 55.
to bailing people out have included missing financial resources and the unavailability of accurate data about the people in need.

To fix these policy failures, CSOs and volunteers have jumped in with their projects. The purpose of this paper is to critically analyze these projects to find out whether Central Asian states are ready to embrace ideas of social innovation. In order to do that, I am going to evaluate the projects supported by the two CSOs and two volunteer groups. In Uzbekistan and Tajikistan, civil society organizations (CSOs) Ezgu Amal and Peshraft are leading organizations established before the COVID-19 outbreak with the broader goal of helping people in need. Later, they adapted their activities to respond to the pandemic. Ezgu Amal is an Uzbek charity foundation established by volunteers in October 2019 to help people with low income (including children), homeless people, and to those who need to purchase medical equipment such as for cancer treatment. Peshraft is a Tajik public, charitable, and non-profit organization established in 2011 whose mission is to invest in the human potential of the country. In Kazakhstan and Kyrgyzstan, volunteers have created Telegram and Facebook groups such as Kazakhstan Never Sleeps and Together to help citizens and physicians.

The research question guiding this paper is as follows:

_How have the projects in Central Asian republics progressed and what challenges continue to prevent them from becoming social innovations?_

In answering the research question, the paper draws on both qualitative data and an analysis of documents and other available sources of information. On the level of primary data collection, the paper uses _in-depth interviews_ with local civil society leaders and volunteers implementing projects. The documentary analysis looks at available resources focused on relevant projects as the COVID-19 response, with a particular focus on texts by local activists as experts in this area.

Picking selected CSOs and groups of volunteers for analytical purposes certainly has its limitations. This approach does not allow for a full coverage of the scope of informal groups of activists, physicians, experts, etc. gathered in chat communities through social networks. It only allows a snapshot of the civic activism which blossomed in Central Asia due to the pandemic. Therefore, this paper does not intend to reveal all tacit activities driven by the COVID-19 response. It does intend to uncover the emergence of new social practices which are able, if successful, to change existing social structures and social realities in Central Asia.

Although the projects I selected as case-studies largely meet the usual criteria of social innovations on newness, human-centeredness, networking, sector neutrality, and needs satisfaction, it is too early to assess if they will fulfill two other standards of social innovation: scaling up and social change. They all exhibit a crucial role of CSOs, volunteers, and information and communications technologies (ICTs), with an active contribution of government to enable them to make significant gains.

_Theoretical framework of the study: Social practice theory and the concept of human development_
The primary challenge of social innovation is the absence of a consistent theoretical foundation of the concept. As Howaldt et al. argue, “the lack of consensus around the term has to do with different understanding of the notion of the ‘social’ in social innovation not as a technological artifact, but as a social practice.”

Furthermore, in research on social innovation projects in Armenia, Ukraine, and Uzbekistan, I emphasize that “numerous theories, namely development, entrepreneurship, sociological etc., contributed to the understanding of the concept of social innovation.” These theories have been discussed, for instance, by Moulært et al. (2005), Evers et al. (2012), Howaldt and Schwarz (2010), and Marques et al. (2018). One of the recent and the most influential books, *The Open Book of Social Innovation*, “was very significant in the European debate, and provides a multitude of examples, methods and concepts of social innovation.”

Domanski agrees with Howaldt et al. and points out that “the concept of social innovation cannot be limited to one focus, be it social entrepreneurship or social economy, and demonstrates that widening the perspective is crucial for understanding social innovation.” Social practice theory emphasizes that social innovation is a new combination and/or configuration of social practices prompted by certain actors or constellation of actors in an intentional targeted manner, in certain areas of action or social contexts, with the goal of better satisfying or answering needs and problems than is possible on the basis of established practices. For social practice theory, invention is a central element for social development, but imitation/repetition (diffusion) is the central mechanism of social reproduction, change, and innovation. The social change in the social structure of the society appears as Zapf suggested “in its constitutive institutions, cultural patterns, associated social actions and conscious awareness.” In the current paper, social practice theory is applied in a manner providing the scope of social innovation criteria to conduct an accurate assessment of the projects that have emerged as the response to the COVID-19 outbreak. For this purpose, social innovation criteria have been picked up for the evaluation of the projects (Table 1).

Since social practice theory explains the process of social innovation through the combination of new social practices, it can definitely benefit from what Howaldt et al. calls “a normative and application-oriented framework that focuses on the opportunity and ability for a good,”

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6 See Murray, Caulier-Grice, and Mulgan (2010).
10 Ibid.
13 Ibid., 10.
capability approach. The human development concept and capability approaches have been inspired by Amartya Sen and Martha Nussbaum and discussed by many scholars\textsuperscript{14} as a critique of development limited to economic growth only. Sen has argued for the capability approach to development in the form of freedoms and opportunities for individuals, mostly from deprived communities. Essentially, the capability approach “puts human agency at the center of the stage”\textsuperscript{15} providing a \textit{people-centeredness criterion} (Table 1) of social innovation, which is applicable in the current analysis. As an evaluative framework, the capability approach can “promote the concept of social change as human development by focusing on social innovation as a new combination of capabilities.”\textsuperscript{16}

\textbf{Table 1. Features of social innovations gleaned from the social practice and human development theories}

<table>
<thead>
<tr>
<th>Features</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>Newness</td>
<td>New inventions (new actions or new in social contexts).</td>
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<tr>
<td>Networking and collaboration</td>
<td>Networking and collaboration among different actors (government, CSOs, private companies, individuals) for the generation and progress of social innovations.</td>
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<tr>
<td>Sector neutrality</td>
<td>Social innovation does not emerge in one sector and is not limited to one focus.</td>
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<tr>
<td>Needs satisfaction</td>
<td>Addressing particular social problems and social needs.</td>
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<td>Scaling up</td>
<td>Scaling up/diffusion of social innovations across the social system.</td>
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<tr>
<td>Social change</td>
<td>The process of change in the social structure of a society in its constitutive institutions, cultural patterns, associated social actions, and conscious awareness.</td>
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<tr>
<td>People-centeredness</td>
<td>Individuals experiencing certain problems come up with solutions to these problems, which is at the core of any social innovation. Social innovations strive for more inclusiveness of individuals and social groups left behind by the previous policies and programs.</td>
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\textit{Source: Table compiled by author based on social practice and human development.}

The criteria of social innovation derived from the theoretical literature should help to determine the progress (if any) of projects in Central Asia towards becoming true social innovations. Selected indicators of the social innovation framework model assist in rigorously explaining the operational environment of the projects.

Discussion: Evaluation of projects in Central Asia

- **Newness: New actions in the new social context**

The newness criterion of social innovation, in accordance with social practice theory, has been fully fulfilled for our four selected case-studies. In Central Asia, it was applied in the sense that there are new inventions or actions responding to the new context born from the global pandemic, which has modified existing settings of operation for the government, civil society, and individuals. By default, governments and CSOs are pushed to invent new methods or adapt existing mechanisms and actions, primarily in the health and social care sectors, to save lives and overcome the pandemic. For instance, as President of the [International Federation of Medical Students Association (IFMSA)](https://www.ifmsa.org/) Kamila Narkulova says,

> we [physicians, members of association] jointly with “Ezgu Amal” Foundation install oxygen accelerators for those who needs [sic] this based on health condition: saturation, blood pressure and other indicators, because state health system is not able to provide everyone with oxygen therapy during COVID-19 pandemic.\(^{17}\)

Before the COVID-19 outbreak, installing oxygen accelerators at home was not practiced. Moreover, such an effort by volunteer-physicians was an entirely new practice which emerged in Central Asia to address the health care problems occurring due to the coronavirus. The same applies for [Kazakhstan](https://www.kz.az/en/), [Kyrgyzstan](https://www.kg.az/en/), and [Tajikistan](https://www.tj.az/en/), where professional physicians have organized volunteer groups, offered medical counseling through social networks (Facebook, Telegram) on COVID-19 treatment, and broken stereotypes and skepticism about the virus.

One can find plenty of groups communicating online using social networks. ICTs were used extensively in Kazakhstan for the [Kazakhstan Never Sleeps](https://www.kzneversleeps.org/) project and in Uzbekistan through the Telegram channel of physicians.\(^{18}\) In Kyrgyzstan, an online Facebook group called *Together* assisted doctors at [seven Bishkek-based medical facilities](https://www.bishkek.gov.kg/). Thus, ICTs and social networks facilitated new practices that started emerging in Central Asia during the coronavirus outbreak.

- **Networking and collaboration: Active role of diasporas abroad, CSOs, and governments**

Networking and collaboration, per social practice theory, imply the constellation and collaboration of different actors for the generation and progress of projects. This criterion has been completely fulfilled in our case-studies. My recent research findings from Armenia, Ukraine, and Uzbekistan have revealed that government support of ‘social innovation’ projects were either uneven or completely missing. In case of a pandemic outbreak, however, governments (including embassies) were keen on cooperation with CSOs and diasporas of Central Asians living abroad. This is a clear sign of changing political and social frameworks implying the rise of political and social awareness about the implemented projects.

For instance, one of the founders of Tajik NGO *Peshraft*, Zuhursho Rahmatulloev, mentioned, alongside the director of this organization, Matlyuba Salihova, that they “contacted [the] Tajik

\(^{17}\) Kamila Narkulova, personal interview with the author, August 2020.

\(^{18}\) Kamila Narkulova, personal interview with the author, August 2020.
diaspora in Russia, Europe, US, Japan etc. to raise funds for people in Tajikistan, in order to purchase masks, medication, and food. The same was true in the case of the Uzbek Solidarity with Uzbekistan campaign organized by Uzbeks living abroad. As one of the organizers, Kamola Makhmudova, says:

The idea of raising money was offered by the London-based Uzbek NGO Bilim (Eng. “Knowledge”). I have helped to shuffle it into a good and transparent fundraising campaign. Since I did not like the idea of just asking for funds, I decided that we can offer something to exchange it for money. This is how we decided to teach Uzbek dance, talk about the history of Uzbekistan and its culture. We could invite Ms. Marinika Babanazarova, former director of Savitskiy Museum in Karakalpakstan, to talk about this museum. We could also arrange Uzbek dance classes online. Honestly, I was pleased to note people, sometimes non-Uzbeks, not just donating, but also willing to learn Uzbek dance, culture and history. We even have several funny stories of people donating just not to dance. Now, we have collected even more money than I was expecting.

Zaynab Muhammad-Dost, a volunteer campaign supporter, said “funds gathered allowed [us] to apply for an additional matching of the sum by EBRD—the bank supports its staff’s involvement in certain community initiatives.” Kamola Makhmudova, who is working for the EBRD in London, clarified that “as a result of the matching to the money raised was approved by the EBRD’s special shareholders fund in amount 50,000 Euros for charity work on EBRD employees.” In this case, the money will be spent for the social project led or co-organized by an EBRD worker. After a very careful check, as Kamola Makhmudova mentioned, the “Ezgu Amal NGO in Tashkent was selected for transferring collected money, in order to purchase health equipment, masks and food for people in Uzbekistan. This organization was picked up due to the excellent reporting and transparency it practices.”

Rahmatulloev and Salikhova from Tajikistan and Makhmudova and Muhammad-Dost from Uzbekistan have highlighted the assistance and support they have received from the governments. Salikhova mentioned that “she was surprised how fast the local government of Dushanbe provided the list of Tajiks living below the poverty line in the city,” Muhammad-Dost highlighted that the “Uzbek embassy was supporting the initiative,” and Makhmudova added that the “Uzbek embassy in London offered plenty of options of individuals and organizations they can contact in Uzbekistan with a request to participate in the solidarity campaign, later issuing individual letters of gratitude to every participant.” Thus, social cohesion and mobilization of social capital and networks among the diasporas, local NGOs, and the state has contributed to the fulfillment of the networking criterion of social innovation.

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19 Zuhursho Rahmatulloev and Matlyuba Salikhova, personal interview with the author, August 2020.
20 Kamola Makhmudova, personal interview with the author, August 2020.
21 Zaynab Muhammad-Dost, personal interview with the author, August 2020.
22 Kamola Makhmudova, personal interview with the author, August 2020.
23 Matlyuba Salikhova, personal interview with the author, August 2020.
24 Zaynab Muhammad-Dost, personal interview with the author, August 2020.
25 Kamola Makhmudova, personal interview with the author, August 2020.
• Sector neutrality: Cross-sectoral projects driven by CSOs and volunteers

This social innovation criterion was also fulfilled. The projects were designed in a cross-sectoral manner—an important accomplishment during the pandemic. Post-Soviet governments usually try to maintain tight control over the civic sector, even taking over its functions. This has also partly happened in Uzbekistan where the Uzbek government asked volunteers to join the governmental *Sahovat va ko’mak* (Generosity and Support) centralized movement to help people in need through the *mahallas* (local communities). However, as Munira Khodjakhanova from *Ezgu Amal* says: “CSOs and informal groups were allowed to continue helping.”

Moreover, CSOs and volunteers were the drivers of the projects. In other words, people united to help their compatriots left in difficult situations due to the coronavirus. Governments that were usually cautious about civic activism did not challenge it this time. In contrast, they collaborated with CSOs in raising funds, providing administrative support, or allowing rapid access to data about poor households. For instance, Munira Khodjakhanova says that their CSO activist Aziza Umarova “could reach out to the Cabinet of Ministers to rapidly receive a permission to import oxygen accelerators as a humanitarian aid, thereby avoiding taxation.”

Matlyuba Salikhova mentioned that

The *hukumat* [local administration] of Dushanbe was willing to rapidly provide to *Peshraft* the list of households living below the poverty line. Usually, it takes longer time to get this data. It is not publicly accessible because of privacy of the information about the poor families. Thus, the fact that government allowed *Peshraft* to access this information, tells about the high level of its credibility to what we do in Tajikistan.

These examples of synergy and collaboration are key elements of change. They show that governments can ally with CSOs and citizens for the sake of public good. Ultimately, if the lesson is learned, those experiences might lead to changing political and social frameworks in Central Asia in order to favor innovations.

• Needs satisfaction: Attempts to address the needs not tackled by the state

With respect to addressing particular social problems and people’s social needs, our selected projects also fulfilled this criterion. The problems that the projects intended to tackle in the area of health and social services were not addressed fully by governments despite the growing needs of people for such services. This is particularly true during the second wave of the pandemic outbreak. Once the virus flared up again, it became clear that additional help was needed. In this context, projects were tackling a number of issues:

1. Providing correct and timely information about the symptoms and treatment of COVID-19. This essential support by professional physicians was enabled through the Telegram chats and TV programs. Self-treatment and treatment by the doctor at home are not allowed.

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27 Munira Khodjakhanova, personal interview with the author, August 2020.

28 Munira Khodjakhanova, personal interview with the author, August 2020.

29 Matlyuba Salikhova, personal interview with the author, August 2020.

However, a huge demand for fact-checked and accurate information shared by professionals helped to mitigate undesirable panic and incorrect treatment.

2. Though home treatment was prohibited in Uzbekistan, delivering and installing oxygen accelerators was possible, and, in fact, it saved lives among those experiencing breathing problems due to pneumonia. In Uzbekistan and Kyrgyzstan, CSOs and volunteers have launched the campaigns *Breathe Uzbekistan* and *Breathe Kyrgyzstan*. As Kamila Narkulova from IFMSA and Munira Khodjakhanova from *Ezgu Amal* pointed out: “in Uzbekistan this campaign was supported by [the] CSOs *Ezgu Amal* and *IFMSA*.31

3. Volunteers of the projects delivered food and medication for elderly people, people with disabilities, and those who lost income. Governments also arranged assistance for the poor and disabled people. However, existing government resources were not sufficient, and the helping hand of volunteers was always welcome. For instance, the director of *Peshraft*, Matlyuba Salikhova recalls:

> I received a call from the deputy chairperson of Gorno-Badakhshan Autonomous Region (GBAO) with request of support of the poor families (and/or families with a family member with disability) that lost their jobs, because the administration of GBAO heard about *Peshraft’s* activities in Tajikistan. We have also contacted hospitals to provide individual protection means (masks, overalls, respirators, glasses, shoe covers, gloves).32

Even so, this help was not enough, or data inaccuracy sometimes prevented projects and their leaders from helping those in real need; nevertheless, these projects contributed to better health and social care coverage.

- **Scaling up: Plans to diffuse the projects**

According to social practice theory, any invention should be repeated, or, in other words, diffused or scaled to achieve, over time, a sustainable social change. At the moment, the spread of our selected projects and their activities is uneven throughout the region. For instance, *IFMSA* and *Ezgu Amal*, as their leaders say: “are mostly operating in Tashkent, capital city of Uzbekistan.”33 In case of Tajikistan, Zuhursho Rahmatulloev shared that “their team plans to open a *Peshraft* daughter organization in Uzbekistan.”34 However, these are still plans on the paper, and, at the moment, this criterion of social innovation has not been achieved.

- **Social change: The assessment problem or different understanding of social impact**

Any social innovation is expected to make a social impact. In Central Asia, projects were launched quite recently, and, therefore, their social impact can be evaluated only prematurely. Moreover, to find out if any social impact from the projects has happened, adequate measurement tools should be applied. Measurement instruments to assess social impact from the projects were not available and have not been applied. In fact, as Kamila Narkulova said, “it was not a primary goal of

31 Kamila Narkulova and Munira Khodjakhanova, personal interview with the author, August 2020.
32 Matlyuba Salikhova, personal interview with the author, August 2020.
33 Kamila Narkulova and Munira Khodjakhanova, personal interview with the author, August 2020.
34 Zuhursho Rahmatulloev, personal interview with the author, August 2020.
the projects.”35 The same was true for the Kazakhstani project *Kazakhstan Never Sleeps* or the *Aksakal* (elderly) and Telegram channel projects uniting physicians. All projects are implemented by citizens voluntarily, and as one of the inspirers of these initiatives, Arman Satimov, says: “we have metrics of [...] the help physicians provided to people through Telegram. This is all we have so far. We have projects changing peoples’ [...] minds about COVID-19. Important project, but it is hard to measure its impact.”36

Interestingly enough, the projects had to do with the identification of social challenges and the establishment of new social relationships to tackle these challenges. For instance, Kamola Makhmudova said:

The campaign *Solidarity with Uzbekistan* helped to found relationships that otherwise would not be established. The impact from the project was in helping people sitting at home to cope with psychological issues, by taking Uzbek dance, culture and history classes online, and to contribute financially to help people in Uzbekistan.37

- **People-centeredness: Citizen-driven projects for solving problems**

Projects that accord with social practice theory should come up with inventions or actions nurtured by individuals experiencing problematic issues and hence fully assure the fulfillment of this criterion. A human-centered approach has been achieved by all our case-studies projects through the inclusion of individuals living in the communities and in solving the existing problems. Individuals themselves could identify the problem, and then design and apply the solution to the problem, as opposed to a solution that is government-driven.

In fact, all projects appeared as new inventions and actions and they were designed by individuals willing to provide help to their communities and beyond. They intended to identify individuals left behind due to the pandemic outbreak, but still in need of support and care, in order to directly provide aid. The *Ezgu Amal* CSO and *IFMSA* in Uzbekistan, the *Peshraft* CSO in Tajikistan, and the assistance of Kyrgyz and Kazakh volunteers were directed towards people to save their lives. As Kamila Narkulova from *IFMSA* said: “we helped people because the traditional health system was not able to take care of everyone.”38

**Conclusion**

Projects supported by and implemented by CSOs and volunteers in the Central Asian states as a response to the COVID-19 outbreak manifested the changes happening in the local civil societies, despite the existing difficulties in NGO registration. It is clear that the societal and political environment—or as Krlev puts it, “frameworks”39—are evolving and turning into a more favorable ecosystem for social innovations. However, the projects are not yet qualified as true social innovations because: (1) more time and effort is needed to diffuse them; and (2) the projects must

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35 Kamila Narkulova, personal interview with the author, August 2020.
36 Arman Satimov, personal interview with the author, August 2020.
37 Kamola Makhmudova, personal interview with the author, August 2020.
38 Kamila Narkulova, personal interview with the author, August 2020.
be institutionalized to enable social change.

What is remarkable is how social networks and ICTs have impacted the spread of civic initiatives across the Central Asian states. ICTs helped to organize communities of experts, primarily physicians and volunteers willing to help others. Moreover, the role of the government in pandemic times has also changed to become more engaged with civil society. Although in some cases government still tried to replace CSOs, it nevertheless did not discourage volunteers and CSOs in their activities nor their willingness to help people in need. Thus, changes prompted by the global pandemic might create more opportunities for social innovations in Central Asia.