COUNTRY NOTE

# Evaluation of UNFPA Support to Adolescents and Youth (2008-2015)

## Kyrgyzstan

## 2016

## Evaluation Office

| | |
|---|---|
| Valeria Carou Jones | Evaluation Manager |
| Natalie Raaber | Research Assistant |

## Case Study Team Members

| | |
|---|---|
| Dr. Adriane Martin Hilber (Swiss TPH) | Team Leader |
| Mr. Tynchyk Bakytov | National Consultant |
| Ms. Alison King | International Evaluation Consultant |
| Ms. Tatiana Popovitskaya | National Consultant |
| Ms. Florence Sécula (Swiss TPH) | Project Officer |

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Any enquiries about this report should be addressed to:

Evaluation Office, United Nations Population Fund, e-mail: evb@unfpa.org

For further information on the evaluation please consult the Evaluation Office webpage:

http://www.unfpa.org/evaluation

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## List of abbreviations and acronyms

| | |
|---|---|
| AFEW | AIDS Foundation East-West |
| AIDS | Acquired Immune Deficiency Syndrome |
| ASRH | Adolescent and Youth Sexual and Reproductive Health |
| AWP | Annual Work Plan |
| CIS | Commonwealth of Independent States |
| COARs | UNFPA Country Office Annual Reports |
| CP | Country Programme |
| CPAP | Country Programme Action Plan |
| CPD | Country Programme Document |
| CPE | UNFPA Country Programme Evaluation |
| CSO | Civil Society Organisation |
| DEX | UNFPA Direction Execution |
| EMG | Evaluation Management Group |
| EQ | Evaluation Question |
| OECD-DAC | Development Assistance Committee of the Organisation for Economic Cooperation and Development |
| EECARO | UNFPA Eastern Europe and Central Asia Regional Office |
| EQ | Evaluation Question |
| FBO | Faith-based Organisation |
| FGD | Focus Group Discussion |
| GBV | Gender-Based Violence |
| GE | Gender Equality |
| GI | Group Interview |
| GII | Gender Inequality Index |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit |
| HDR | Human Development Report |
| HIV | Human Immunodeficiency Virus |
| HQ | UNFPA Headquarters |
| ICPD | International Conference on Population and Development |
| IDI | In-depth Interview |
| IEC | Information, Education and Communication |
| IP | Implementing Partner |
| M&E | Monitoring & Evaluation |

| | |
|---|---|
| MDG | Millennium Development Goal |
| MoH | Ministry of Health |
| MYFF | UNFPA Multi-year Funding Framework |
| NEX | National Execution |
| NGO | Non-governmental Organisation |
| NSC | National Statistics Committee |
| NSDS | National Sustainable Development Strategy of the Kyrgyz Republic |
| RH | Reproductive Health |
| RHA | NGO Reproductive Health Alliance |
| RO | UNFPA Regional Office |
| RR | Reproductive Rights |
| SP | UNFPA Strategic Plan |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| Swiss TPH | Swiss Tropical and Public Health Institute |
| ToC | Theory of Change |
| ToR | Terms of Reference |
| UN | United Nations |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| VAW | Violence against Women |
| WHO | World Health Organisation |
| YFHS | Youth-friendly Health Services |
| Youth-SWAP | UN System-wide Action Plan on Youth |
| Y-PEER | NGO Youth Peer Education |

## Structure of the case study note

**Chapter 1,** the introduction, outlines the purpose and objectives of the evaluation of UNFPA support to adolescents and youth 2008-2015 and the purpose and objectives of the country case studies. The chapter also sets out the scope of this particular case study.

**Chapter 2** describes the methodology of the case study. It presents the case study selection rationale (process and criteria), case study design and case study process. It elaborates on data collection and analysis methods as well as limitations.

**Chapter** presents the country context and background information to provide a better understanding of the context in which UNFPA interventions are designed and implemented in support of adolescents and youth.

**Chapter 4** presents an overview of UNFPA's response in the area of adolescents and youth in Kyrgyzstan. The overview of the response by UNFPA describes the programmatic and financial support provided over the period under evaluation.

**Chapter 5** on findings contains the main analysis supported by underlying evidence structured along the evaluation criteria and associated key evaluation questions and assumptions.

**Chapter 6** presents action-oriented suggestions for the UNFPA Kyrgyzstan country office, based on evaluation findings.

**Chapter 7** presents key issues or considerations based on the findings of the case study to inform the overall aggregate analysis for the thematic evaluation.

**The annexes** include key country data, the stakeholder map, the portfolio of UNFPA interventions in Kyrgyzstan, and the lists of people and documents consulted

# 1 Introduction

## 1.1 Purpose, objectives and scope of the Evaluation of UNFPA Support to Adolescents and Youth 2008-2015

The purpose of the evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period 2008-2015, falling under UNFPA Framework for Action on Adolescents and Youth and UNFPA Strategic Plan 2008-2013 (including the midterm review). The evaluation also provides key learning to contribute to the implementation of the current UNFPA Strategy on Adolescents and Youth 2012-2020 under the current UNFPA Strategic Plan 2014-2017 and to inform the development of the next Strategic Plan 2018-2021.

The primary objectives of the evaluation are:

- To assess how the frameworks, as set out in the UNFPA Strategic Plans 2008-2013 and 2014-2017, the UNFPA Framework for Action on Adolescents and Youth (implemented in 2007) and the UNFPA Strategy on Adolescents and Youth (2012), have guided the programming and implementation of UNFPA interventions in the field of adolescents and youth
- To facilitate learning, capture good practices and generate knowledge from UNFPA experience across a range of key programmatic interventions in adolescents and youth during the 2008-2015 period, in order to inform the implementation of relevant strategic plan outcomes and future interventions in the field of adolescents and youth.

The primary users of the evaluation are UNFPA staff at all levels, UNFPA public and private sector implementing partners, civil society organisations, policy makers and donors, as well as the end beneficiaries of UNFPA support. The results of the evaluation are also expected to be of interest and importance to other stakeholders and partners working on adolescents and youth in countries where UNFPA interventions are being implemented.

The evaluation covers the period 2008-2015, which corresponds to three programmatic periods embedded in three strategic planning documents: UNFPA Strategic Plan 2008-2011, Mid-term Review of the Strategic Plan 2012-13 and UNFPA Strategic Plan 2014-2017 as well as two adolescents and youth strategies (2006 and 2012). It takes stock of the evolution of UNFPA support to adolescents and youth since the deployment of the first adolescents and youth framework (2006) and analyses changes in focus, approaches and resource allocation.

The evaluation addresses the global, regional and country levels and considers both targeted and mainstreamed interventions in all UNFPA regions of operation. Thematic areas assessed include:

- Evidence-based advocacy for development, investment and implementation
- Sexual and reproductive health education and information for adolescents and youth
- Sexual and reproductive health services for adolescents and youth
- Initiatives to reach marginalised and disadvantaged adolescents and youth, especially girls
- Youth leadership and participation in policy dialogue and programming.

Particular attention is paid to the integration of cross-cutting issues such as gender equity, culturally sensitive and human rights-based approaches in UNFPA support to adolescents and youth.

The evaluation covers interventions directly relevant to adolescents and youth financed from core and non-core resources. It does not specifically focus on support to adolescents and youth in disaster, conflict or post-crisis settings.

The evaluation covers interventions directly relevant to adolescents and youth financed from core and non-core resources.

## 1.2 Objectives of the country case study

The purpose of the country case study is to provide a more in-depth analysis of adolescents and youth support at country level, identifying successes and challenges, and allowing the capture of best practices. Country case studies illustrate the range and modalities of UNFPA support under the adolescents and youth component within a specific country context. Case studies represent a key source of data and inform and provide input to the thematic evaluation report. The country case study does not constitute a programme level evaluation.

The case study focuses on three specific areas:

- Implementation of the UNFPA results framework at country level. The case study assess how well global strategic priorities as defined in the UNFPA strategy documents have been translated into strategic priorities, actions and sustainable results at country level;
- Coordination and partnerships for programming at country level. The case study assesses whether regional and country coordination and partnerships in adolescents and youth have helped to develop country technical capacity, dialogue and a policy environment for advancing adolescents and youth issues in the country; and
- Support to countries from UNFPA Regional Offices and headquarters. The case study assesses UNFPA Regional (RO) support for UNFPA country offices for the implementation of the adolescents and youth component.

## 1.3 Scope of the Kyrgyzstan case study

This country case study covers UNFPA adolescents and youth interventions in Kyrgyzstan during the period 2008 to 2015, with a stronger emphasis on recent years due to the learning aspect of the thematic evaluation of UNFPA support to adolescents and youth. It covers UNFPA work in the area of adolescents and youth with a particular emphasis on activities and partners. Selected sites visited for data collection purposes included Bishkek, Karakol, Kochkor, Naryn, Osh and Jalalabad.

# 2 Methodology

## 2.1 Country case study selection

Case study selection was purposeful based on a multi-indicator needs assessment including health and development indicators for all UNFPA programme countries grouped by region to provide a general overview of the status of development in the country, and specifically, the situation of adolescents and youth.

UNFPA support covers six regions of intervention, namely: Western and Central Africa; Eastern and Southern Africa; Asia and the Pacific; Arab States; Eastern Europe and Central Asia, and Latin America and the Caribbean.

Table 1: Multi-indicator needs analysis (no expenditure figures included)

| Indicator | Weight |
|---|---|
| Gini Coefficient, 2003-2012 | 10% |
| Proportion of population 15-24 years (%), 2010 | 5% |
| Population of 15-24, both sexes, combined, 2010, estimates thousands | 5% |
| Adolescent birth rate (number of births per 1,000 girls 15-19 years, national | 12% |
| HIV prevalence (%), national, 2009 | 12% |
| Contraceptive prevalence (%), national | 12% |
| Population with at least some secondary education (% aged 25 and above), female, 2005-2012 | 5% |
| Population with at least some secondary education (% aged 25 and above), male, 2005-2012 | 5% |
| Human Development Index, 2013 | 12% |
| Gender Inequality Index, 2013 | 12% |
| Government effectiveness, 2012, rank | 10% |

The health and development data was combined with country office expenditure on adolescents and youth programming to provide better insight into resource allocation relative to country needs.

Table 2: Multi-indicator analysis (expenditure figures included)

| Indicator | Weight |
|---|---|
| Expenditure on adolescents and youth 2012-2013 (U6 code only) | 20% |
| Expenditure on adolescents and youth 2008-2011 | 20% |
| Gini Coefficient, 2003-2012 | 6% |
| Proportion of population 15-24 years (%), 2010 | 3% |
| Population of 15-24, both sexes, combined, 2010, estimates thousands | 3% |
| Adolescent birth rate (number of births per 1,000 girls 15-19 years, national | 7.2% |
| HIV prevalence (%), national, 2009 | 7.2% |
| Contraceptive prevalence (%), national | 7.2% |
| Population with at least some secondary education (% aged 25 and above), female, 2005-2012 | 3% |
| Population with at least some secondary education (% aged 25 and above), male, 2005-2012 | 3% |
| Human Development Index, 2013 | 7.2% |
| Gender Inequality Index, 2013 | 7.2% |
| Government effectiveness, 2012, rank | 6% |

Additional criteria further informed the purposeful selection of country case studies, which included:

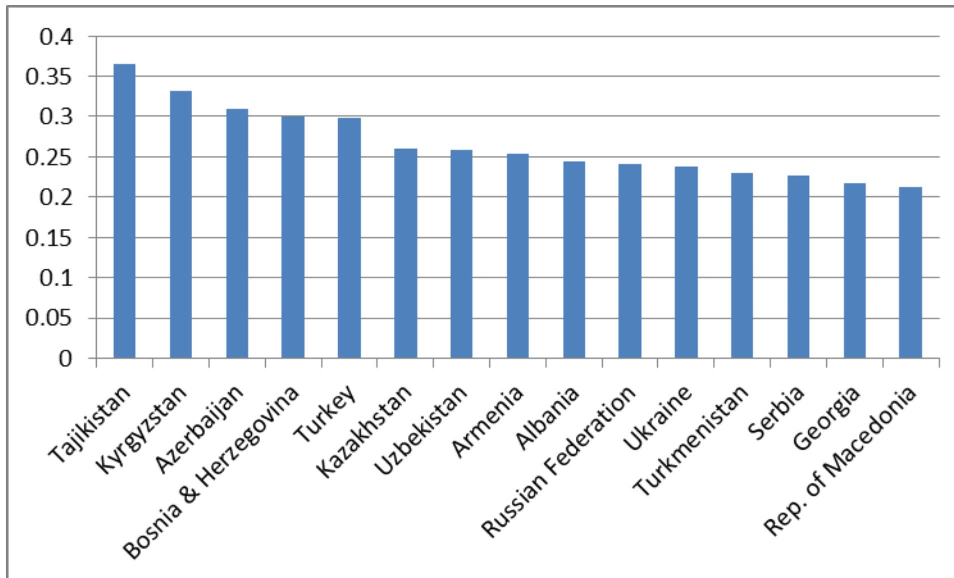
- UNFPA country quadrant classification
- Recent country programme evaluation in the countryIdentification of case study implementation risks or limitations (example Ebola, crisis situation, no Representative in country, etc.)
- Existence of joint programmes in the area of adolescents and youth in the country
- Diversity of the programme/prongs or areas of the strategy implemented in the country
- Levels of programme implementation (national – regional and municipal level)
- Scale up or intensification of support in certain areas of adolescents and youth support
- Level of government support in the area of adolescents and youth
- “Delivering as One” modality
- Country case studies selected for a parallel corporate thematic evaluation

Furthermore, selected case studies should be illustrative for their respective regions as either a big country with a robust programme or a smaller country with greatest need.

Case study selection assessed need (as per selected indicators) and counter-weighted this ranking with UNFPA investment. Countries with greatest need and highest investment by UNFPA ranked highest. Qualitative judgements were then made to select countries and regions that could offer a range of contexts, programmes and investment patterns (past versus present).

Kyrgyzstan was selected for the region. As per the needs indicator analysis (health and development indicators) in Figure 1 below, the country ranked as one of the highest in terms of need.

Figure 1: Needs indicator analysis EECARO (no expenditure data)




When health and development indicators were combined with UNFPA investment data Kyrgyzstan ranked as one of the countries with greatest need and most important investment by UNFPA (as per Figure 2 below).

Figure 2: Needs indicator analysis EECARO (includes expenditure data)

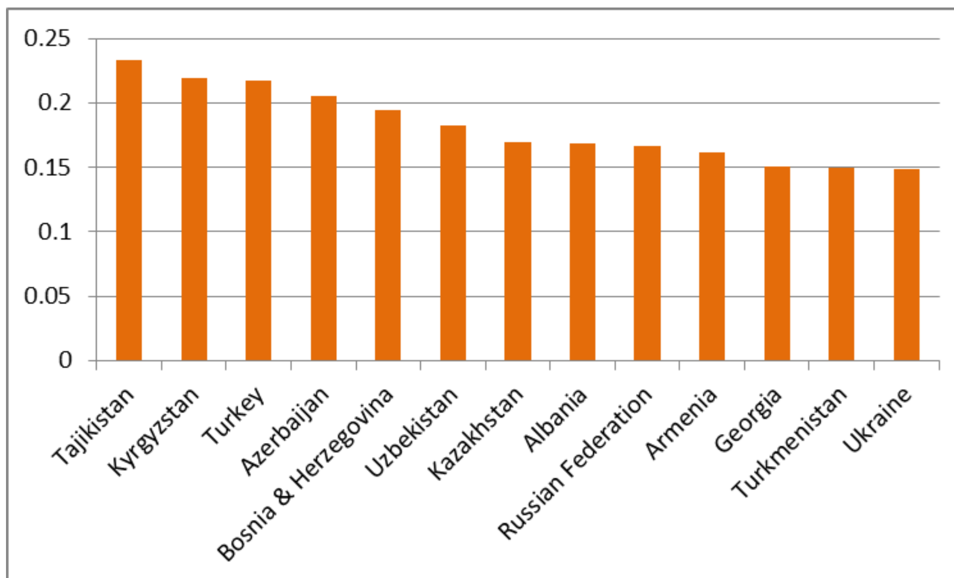


Table 3: Countries selected for case study visits

| |
|---|
| **Côte d'Ivoire** (Western and Central Africa) |
| **Egypt** (Arab States) |
| **Ethiopia** (Eastern and Southern Africa) |
| **Kyrgyzstan** (Eastern Europe and Central Asia) |
| **Nepal** (Asia and the Pacific) – converted to desk study due to earthquake |
| **Nicaragua** (Latin America and the Caribbean) |

**UNFPA country quadrants - modes of engagement by setting**

The country quadrant classification is a UNFPA system, which groups countries on the basis of their ability to finance their own interventions and level of need. The model provides guidance for how UNFPA should engage in different country contexts (in a particular country).[1] In terms of country quadrant, Kyrgyzstan falls within the orange quadrant, meaning UNFPA support should focus primarily on advocacy and policy dialogue/advice, knowledge management, and capacity development.

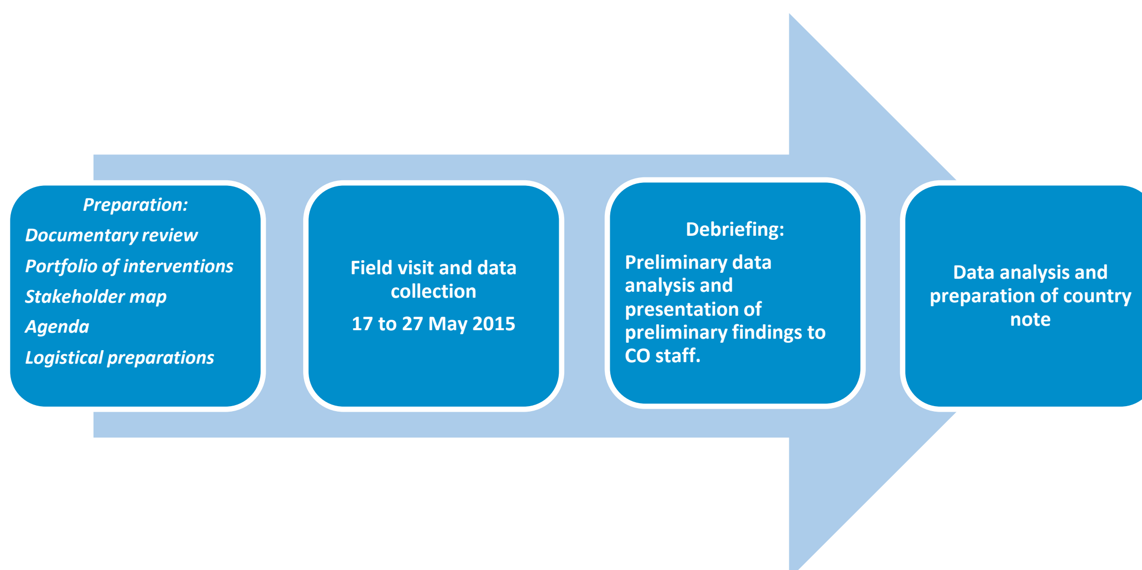
Table 4: UNFPA modes of engagement by country needs and income

| **Ability to finance** | **Level of Need** | | | |
|---|---|---|---|---|
| | Highest | High | Medium | Low |
| Low income countries | A/P, KM, CD, SD | A/P, KM, CD, SD | A/P, KM, CD | A/P, KM |
| Lower-middle income countries | A/P, KM, CD, SD | A/P, KM, CD | A/P, KM | A/P |
| Upper-middle income countries | A/P, KM, CD | A/P, KM | A/P | A/P |
| High income countries | A/P | A/P | A/P | A/P |

## 2.2 Case Study Process

The case study was conducted in four stages:

[1] UNFPA Strategic Plan 2014-2017. For example, in countries that have the highest needs and low ability to finance their own interventions (coloured red in the matrix above), UNFPA should be prepared to offer a full package of interventions, from advocacy and policy dialogue/advice through knowledge management and capacity development to service delivery. However, in countries with low need and high ability to finance their own programmes (coloured pink in the matrix above), UNFPA should focus on advocacy and policy dialogue/advice.




1. *Preparation:* the team conducted a documentary review, including the portfolio of interventions and developed an updated stakeholder map (see Annex 2); and developed the agenda and logistical preparations in coordination with the country office;
2. *Data collection:* the team travelled to Kyrgyzstan from 17 to 27 May 2015 to conduct interviews, focus group discussions and site visits. At the outset, the evaluation team met with the UNFPA Kyrgyzstan country office to inform staff about the purpose, objectives, scope and evaluation methodology, and to be briefed on UNFPA adolescents and youth-related activities. A discussion was also held on the country context with an assessment of how difficult it is to work on adolescents and youth issues (see Section 3.5). Following the briefing, interviews were conducted with UNFPA staff. The team subsequently divided into two sub-teams. Interviews and group discussions were conducted in Bishkek, Kochkor, Naryn, Karakol City, Osh and Jalalabad.
3. *Debriefing:* Preliminary data analysis and presentation of preliminary findings at debriefing session to UNFPA Kyrgyzstan Country Office staff (27 May 2015); and
4. *Data analysis* and preparation of country note: analysis of evidence from the case study and preparation of the draft country note.

Data collection and analysis was undertaken by a five-person team comprised of an international team leader, an international evaluation expert, a project officer, and two national consultants (including a youth).

## 2.3 Methodological framework

### 2.3.1 Methodological approach

The evaluation utilised a theory-based approach involving analysis of UNFPA planning documents and other strategic frameworks, which reflect the conceptual and programmatic approach taken by UNFPA, including the most important implicit assumptions underpinning the change pathways. These documents constitute the aggregated results framework and contain the intervention logic and the strategy that have guided the goals of UNFPA support to adolescents and youth from 2008 to 2015. The theory of change of UNFPA support to

adolescents and youth was reconstructed at the inception phase of the evaluation.[2] The evaluation team tested the theory of change in each country case study to assess the ways in which the UNFPA support adolescents and youth contributed to, or was likely to contribute to, change. The theory of change is reflected in the evaluation matrix[3], which presents the seven evaluation questions by evaluation criteria (relevance, effectiveness, sustainability, efficiency and added criteria of partnership, coordination and added value). It also lays out the assumptions underlying each evaluation question, the indicators associated with these assumptions, sources of information and sources and tools for data collection. The evaluation matrix for the thematic evaluation comprises three levels of analysis: national, regional and global. The country case studies address the national level of the evaluation matrix.[4] The evaluation questions and the underpinning assumptions are the same across all case studies, but indicators may vary given the specificities of each country determined by the country context and the specific UNFPA modalities of support.

The case study was inclusive, participatory, and integrated both gender equality and human rights perspectives[5]. The case study process was sensitive to gender, beliefs, culture and customs of all stakeholders. The team ensured a clear communication with stakeholders with respect to the case study's purpose, the criteria applied, and the intended use of the findings. The case study has ensured the participation of adolescents and youth as active members of the evaluation team and integrated the views and perspectives of beneficiaries. The voices of programme beneficiaries were captured by:

- Integrating adolescents and youth into the case study team (a youth leader for each field country case study)
- Conducting focus groups during country visits with beneficiaries

Evaluation questions and criteria are shown in Table 5.

Table 5: Evaluation questions and criteria

[2] See inception report for the thematic evaluation.
[3] See inception report for the thematic evaluation.
[4] Some of the questions in the evaluation matrix contain a regional and global dimension. This is not addressed in case studies but rather in the evaluation report.
[5] In line with UNEG guidance.

| EQ | Evaluation Question | Evaluation criterion |
|---|---|---|
| EQ 1 | To what extent was support to adolescents and youth, particularly the most marginalised and vulnerable, at global, regional and country levels, aligned with UNFPA policies and strategies, partner government priorities, plans and the needs of adolescents and youth and responsive to local contexts? | Relevance |
| EQ 2 | To what extent have human rights, gender responsive and culturally sensitive approaches been incorporated into programming in the area of adolescents and youth at global, regional and national level? To what extent has UNFPA prioritised the most marginalised and vulnerable adolescents and youth, particularly young adolescent girls in its interventions? | Relevance |
| EQ 3 | To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of sexual and reproductive health education and information and integrated services (including contraceptives, HIV and gender-based violence) for adolescents and youth? | Effectiveness, sustainability |
| EQ 4 | To what extent has UNFPA contributed to evidence-based policies and programmes that incorporate the needs and rights of adolescents and youth? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programmes? | Effectiveness, sustainability |
| EQ 5 | To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalised and vulnerable adolescents and youth, particularly adolescent girls? | Effectiveness, sustainability |
| EQ 6 | To what extent were resources (human, financial, administrative) available, optimised and utilised to achieve the expected results in relation to UNFPA support to adolescents and youth? | Efficiency |
| EQ 7 | To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance adolescents and youth issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes? | Partnership, coordination, added value |

The evaluation matrix, the theory of change and methodological instruments including interview guides can be found in Volume II of the main Evaluation Report.

## 2.4 Approach to data collection and analysis

The case study followed a mixed-methods approach, consisting of the following data collection methods:

**1. Document review:** A thorough document review was conducted as the basis of the case study (see Annexes). Key sources included relevant UNFPA corporate strategies, the Kyrgyzstan country programme document, the Country Programme Action Plan (CPAP), country office annual work plans (AWPs) and annual reports, progress reports, mid-term reviews, financial data, evaluations and monitoring data. Further documentation was collected from stakeholders and reviewed while conducting the field visit. A review of how technical materials were translated and adapted from global guidance country level and the language in use - e.g., gender-sensitive, informal and/or formal human rights language – was undertaken by national team members able to review documents in local languages. A study of financial information on adolescents and youth implementation for the country programme based on Atlas was conducted by the Evaluation Office and validated with the country office during the mission.[6]

[6] Youth and adolescent projects/activities were defined as activities that were either coded with a youth or adolescent code, had a youth or adolescent related implementing partner or fund code, or a project title that was youth or adolescent related. Activities were also coded as youth and adolescent activities, based on a youth and adolescent keyword search. For these activities, many of which were embedded as part of non-identified youth and adolescent projects, only specific adolescent and youth activities were included.

**2. Interviews:** The evaluation team met with UNFPA staff members; representatives of the UN country team (UNCT); donors; non-governmental, government representatives; and beneficiaries including adolescents and youth leaders. Interviewees were selected purposely based on a stakeholder mapping (see Annex 2). Interviews were conducted using semi-structured in-depth methods.

**3. Focus group discussions:** conducted with adolescents and youth leaders.[7]

A total of 81 stakeholders were consulted of which 36 were adolescents and youth beneficiaries (see Table 7 below and annexes). At the outset, stakeholders were informed about the evaluation and scope of the discussion and either written or oral consent was obtained from all interviewees. Interview guides are available in Volume II of the thematic evaluation.

Table 6: Types and number of stakeholders consulted (n=81; adolescents and youth =36)

| UNFPA | UN Staff | Government Partners | Donors | International NGOs | National NGOs, civil society organisations, Academia | Adolescents and youth Beneficiaries |
|---|---|---|---|---|---|---|
| **5** | **4** | **16** | **1** | **0** | **19** | **36** |

**Definition of categories:**
**UNFPA:** all UNFPA staff
**UN Staff:** staff from any other UN organisations
**Government Partners:** including local and central levels and service providers
**Donors:** including bilateral donors and foundations
**International NGOs:** including international NGOs and CSOs
**National NGOs, CSOs and Academia:** national NGO, CSO or academic institution including universities
**Adolescents and youth beneficiaries:** including adolescents and youth leaders, volunteers, and youth led organizations

**4. Direct observation:** Site visits were made in Bishkek, Karakol, Kochkor, Naryn, Osh and Jalalabad. Sites were visited from a selection of services and implementing partners of UNFPA support, aiming to include both rural and urban locations and mix of cultural diversity. At the sites, youth-friendly clinics and youth centres were observed.

*Methods for Data Analysis*

The evaluation matrix guided data analysis for the case study. Data was structured under each evaluation question, assumption and indicator. Findings were formulated by triangulating evidence and organised under each assumption and question.

Qualitative and quantitative methods were utilized to analyse data. Evidence from data collection methods was coded and a country spread sheet was created (assisted by an evidence sorting database) allowing the

[7] See Volume II of the thematic evaluation for interview guides.

systematic analysis of evidence by assumption in the evaluation matrix. Content analysis was used to identify emerging common trends, themes and patterns for each evaluation question. Content analysis was also used to highlight diverging views and opposing trends. Contribution analysis was applied using the reconstructed theory of change (ToC) and its pathways to assess UNFPA contribution to changes over the period. During the field mission the theory of change was tested to understand influencing factors that contribute to changes. Alternative assumptions identified for each pathway of change.

Financial data was analysed to assess patterns of expenditure by modes of operation over the evaluation period. The financial analysis is separated into two distinct periods, 2008-2013 and 2014, given the changes in reporting since introduction of the GPS system in 2014.

*Methods to ensure reliability and validity*

Triangulation (cross-checking) of data from different sources and across methods was utilised to ensure reliability and credibility of findings. It was applied at all levels and included:

- Cross checking of different sources of information by comparing evidence generated through different stakeholder (UNFPA country office, ministries, civil society etc.)
- Cross checking evidence from different methods of data collection (document review, interviews, group discussions, direct observation)

Triangulation by different data collection methods is referenced in footnotes by listing the method and/or stakeholder category from which the information was derived. If only one method and/or stakeholder category is listed, then no less than three stakeholders from that category have shared the same or similar opinion.

The evaluation applied internal and external validation techniques. External validation consisted of a debriefing workshop in Kyrgyzstan at the end of the field visit in which preliminary findings and action points were shared, discussed and validated with country office staff. The revision of the first draft of this report by the country office to identify factual errors and omissions was also part of the external validation process. Internal validation took place through a review process among evaluation team members and the Evaluation Office at the analysis workshop and during the production of draft versions of this country note.

**Limitations and mitigation strategies**

The main limitations of the case study as well as steps taken to mitigate them include:

Table 7: Case study limitations and mitigation strategies

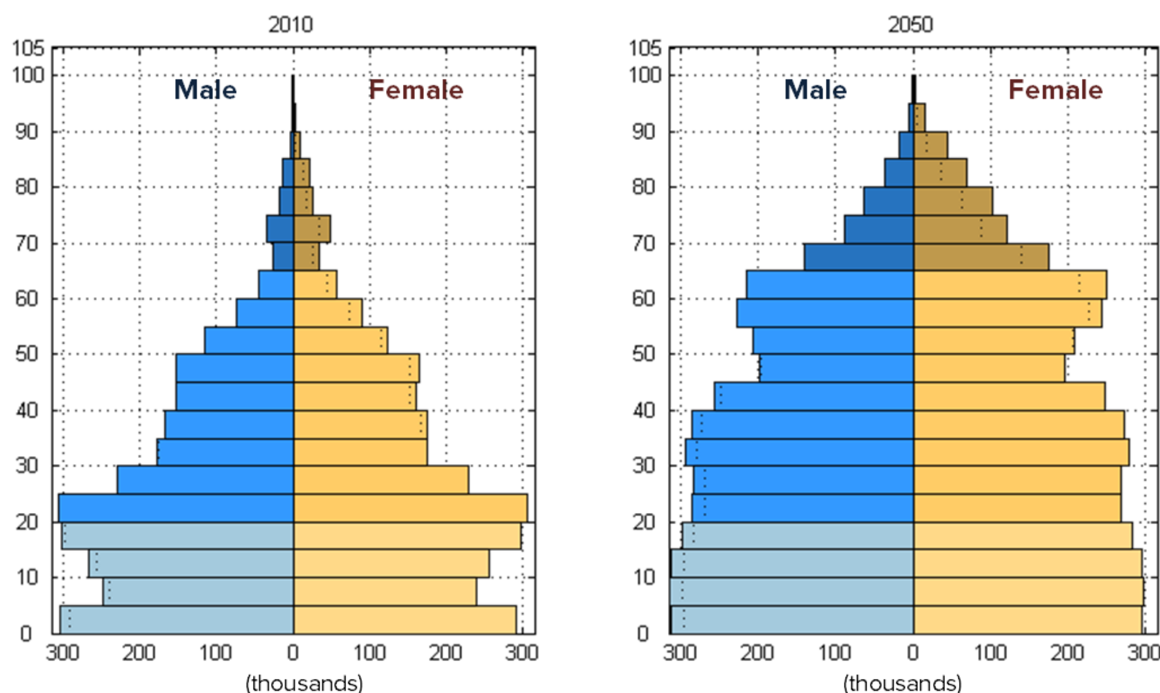
| Limitation | Mitigation strategy |
|---|---|
| Observations of youth-friendly clinics and education sessions were difficult due to the timing of the mission (school holidays) or due to few youth clients in the centres/schools. | Discussions with adolescents and youth in focus group discussions and individual interviews informed the case study regarding perceptions of the services and education sessions. The relatively limited possibility to observe sessions reflects the limited availability in some settings of the service offer. |

# 3 Situation analysis of adolescents and youth in Kyrgyzstan

## 3.1Demographics

The Kyrgyz Republic is one of five countries located in Central Asia and is 80 per cent mountainous with two main agricultural areas - i.e., the Fergana Valley in the South West and the Chu Valley in the North. The population of Kyrgyzstan was 5.77 million at the beginning of 2014. Approximately two-thirds reside in rural areas (66 per cent). The country is characterised by a high rate of population growth - i.e., 2 per cent, mainly due to a high birth rate (23.3 per 1,000 people in 2014) and a relatively low death rate (6.74 per 1,000 people in 2014).[8] The country is one of the "youngest" of the Commonwealth of Independent States (CIS) countries: Over one- third of the population is under the age of 18; about 60 per cent are up to 29 years of age. The average age is increasing and at the beginning of 2014 was 26.4 for males and 28.2 for females. As of 2013, life expectancy was 74.3 years for women and 66.3 years for men, a difference of eight years.[9]

Figure 3: Total population by age group and gender, 2010 and 2050




Source: ICPD Kyrgyzstan country implementation profile[10].

[8] Document: www.unicef.org/infobycountry/kyrgyzstan_statistics.html.

[9] Document: National Statistical Committee of the Kyrgyz Republic. Women and Men of the Kyrgyz Republic, Compendium of Gender Disaggregated Statistics, Bishkek, 2014.

[10] Population pyramids are based on medium variant of the 2010 revision of the World Population Projections (WPP) by UN Population Division. Document: ICPD Kyrgyzstan country implementation profile

## 3.2Socio-economic context

Kyrgyzstan was reclassified as a lower-middle income country in 2014.[11] According to National Statistics Committee estimates, economic growth averaged 4.7 per cent annually during the 1996 to 2005 period.[12] The three most important sectors of Kyrgyzstan's economy are agriculture, energy and mining.[13] Economic growth during 2006 to 2010 was uneven due to weak economic governance as well as negative consequences of the global economic crisis and the country's 2010 political crisis. As a result, the national poverty rate increased from 32 per cent in 2009 to 37 per cent in 2011.[14]

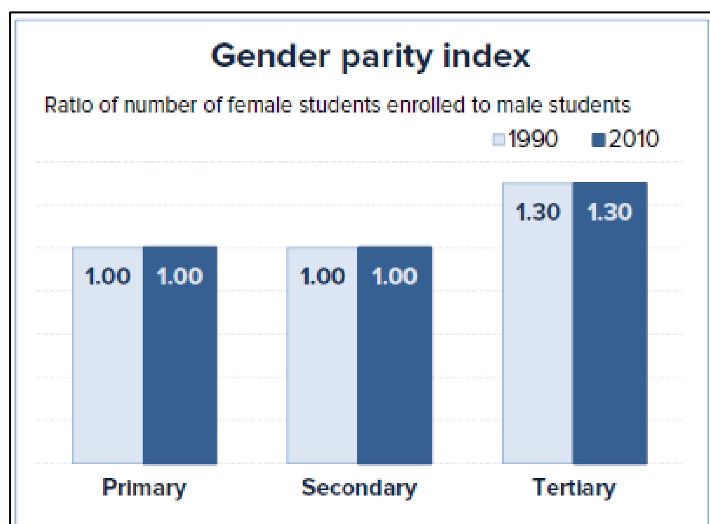
After the 2010 crisis, the Government of Kyrgyzstan made efforts to restore economic and social stability, contributing to an economic growth of 6 per cent in 2011.[15] For the last ten years, the general unemployment rate in the Kyrgyz Republic has remained constant, at 8.1 per cent in 2005 and 8.3 per cent in 2013. In 2013, general unemployment among women was 9.7 per cent and 7.6 per cent among men. The rate is higher among the population in the age group of 15 to 28 years - 14.9 per cent among women and 9.9 per cent among men.[16] Growing poverty, low levels of education and limited employment opportunities for young people have created a gap between expectations, intentions and reality.

The literacy rate in Kyrgyzstan is high at 100 per cent for the population segment 15-24 years (see Table 9 below). Figure 4 presents the gender parity index, which is the ratio of female students enrolled to male students for 1990 and 2010.

Kyrgyzstan's minimum legal marriage age is 18. Nonetheless, child and early marriage occurs in all parts of the country among all ethnicities. Weddings may be organised by parents, and performed by Islamic clergy in a ceremony known as nikaah that is often not registered or controlled by the state and thus fall outside of state control. This results in a lack of oversight (and data) by the State to ensure the bride and groom are of legal age. Marriage of 15-year-old girls is not common, but there appears to be a growing tendency of parents to marry off their daughters at age 16 or 17.[17] Prevalence data on child marriage varies: 8 per cent of girls in Kyrgyzstan are married before their 18th birthday[18] according to the State of the World's Children report of UNICEF and, phrased slightly differently, 12.7 per cent of women aged 15-49 were first married or in a union before the age of 18 according to the most recent MICS. [19]

[11] Document: World Bank. http://www.worldbank.org/en/news/press-release/2014/07/24/kyrgyz-republic-becomes-lower-middle-income-country
[12] Document: NSC, 2011. The cost value of the general poverty line in 2011 was estimated to KGS 25,849 per capita per year; the extreme poverty line was estimated at KGS 16,089 per capita per year.
[13] Document: World Bank, http://www.worldbank.org/en/country/kyrgyzrepublic/overview.
[14] Document: National Statistical Committee of the Kyrgyz Republic. Women and men of the Kyrgyz Republic, Compendium of Gender Disaggregated Statistics, Bishkek, 2014.
[15] Document: World Bank Group, 2013.
[16] Document: National Statistical Committee of the Kyrgyz Republic. Women and men of the Kyrgyz Republic, Compendium of Gender Disaggregated Statistics, Bishkek, 2014.
[17] Document: UNICEF, *State of the World's Children*, 2015
[18] Document: UNICEF, *State of the World's Children*, 2015
[19] Document: MICS in the Kyrgyz Republic, 2014.

Figure 4: Gender parity index




Source: ICPD Kyrgyzstan country implementation profile
http://icpdbeyond2014.org/documents/download.php?f=FINAL_Kyrgyzstan.pdf

Table 8: Education in Kyrgyzstan

| | Male | Female | Male | Female |
|---|---|---|---|---|
| Literacy rate (%) | | | | |
| Population 15+ | 99 | 98 (1999) | 100 | 99 (2009) |
| Population 15-24 | 100 | 100 (1999) | 100 | 100 (2009) |
| Populatioin 65+ | 95 | 87 (1999) | 96 | 90 (2009) |
| Adjusted net enrollment rate (%), primary | 93 | 93 (1999) | 95 | 95 (2010) |
| Primary school completion rate (%) | 94 | 93 (1999) | 96 | 97 (2010) |
| Transition rate from primary to secondary education (%) | 97 | 100 (1999) | 100 | 99 (2009) |
| Public expenditure on education as % of GDP | | 4.1 (1999) | | 6.2 (2009) |

Source: ICPD Kyrgyzstan country implementation profile
http://icpdbeyond2014.org/documents/download.php?f=FINAL_Kyrgyzstan.pdf

## 3.3Development and health context

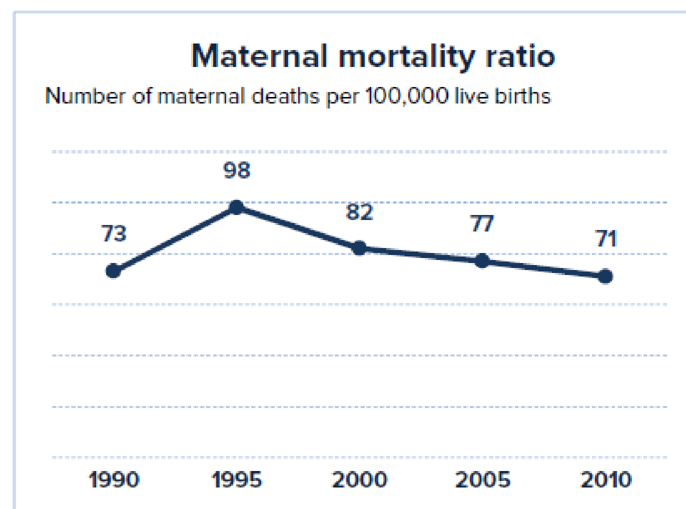
Overall, the Kyrgyz Republic has made considerable progress towards the Millennium Development Goals (MDGs). The target benchmarks for a number of indicators for MDG 1, MDG 4, MDG 7 and MDG 8 have been reached.[20, 21] According to the 2013 Human Development Report (HDR), the Kyrgyz Republic ranks 64 out of 186

[20] Document: http://www.undp.org/content/undp/en/home/librarypage/mdg/the-millennium-development-goals-report-2015.html
[21] Document: Committing to Child Survival: A Promise Renewed. UNICEF Progress Report 2015

countries on the Gender Inequality Index (GII).[22] The 2012 Global Gender Gap Index, developed by the World Economic Forum, ranks Kyrgyzstan higher - i.e., 54th out of 135 countries in terms of gender equality.[23]

Maternal, infant and child mortality are the most sensitive indicators for the quality of health services and socio-economic level of the country. In 2013, there were 56 registered cases of maternal mortality, of which two women were under the age of 20, both from the Jalalabad region in the South. Approximately 70 to 80 per cent of maternal mortality cases were registered in rural areas.[24] The figure below presents the maternal mortality ratio for 1990-2010.

Figure 5: Maternal mortality ratio 1990-2010




Source: ICPD Kyrgyzstan Country Implementation Profile
http://icpdbeyond2014.org/documents/download.php?f=FINAL_Kyrgyzstan.pdf

There has been a slight rise in contraceptive use rates - from 31.2 per cent in 2009 to 41 per cent in 2013 for the age group from 15 to 49 years.[25] However, despite the availability of modern contraceptives and the introduction of youth-friendly health services in some clinics, there has been a steady rise in the number of births to women aged 15 to 17 years, from 4.5 children per 1,000 women in 2005 to 7.9 children per 1,000 women in 2013.[26]

In the Kyrgyz Republic, approximately 5,760 people were living with HIV in 2014.[27] HIV prevalence is low among young people aged 15 to 24 - 0.1 per cent in 2012[28] but there are no targeted HIV prevention programmes for young populations at risk for HIV in the country. Populations at risk of HIV are addressed in the State Programme on HIV only. Similarly, there are no disaggregated data on young populations at high risk of HIV.[29]

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[22] A composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment, and the labour market. Document: UNDP, 2013.
[23] Document: http://www3.weforum.org/docs/WEF_GenderGap_Report_2012.pdf.
[24] Document: National Statistical Committee of the Kyrgyz Republic. Women and men of the Kyrgyz Republic, Compendium of Gender Disaggregated Statistics, Bishkek, 2014.
[25] Document: Republican Medico-Informational Center of the Ministry of Health of Kyrgyz Republic. http://rmic.med.kg/ru/organizatsij-zdravokhraneniya/psmp.html.
[26] Document: Republican Medico-Informational Center of the Ministry of Health of Kyrgyz Republic. http://rmic.med.kg/ru/organizatsij-zdravokhraneniya/psmp.html.
[27] Document: http://www.unaids.org/sites/default/files/country/documents/KGZ_narrative_report_2015.pdf¸
[28] Document: UNICEF, 2012.
[29] Document: Consultation Report – Kyrgyzstan: Small group discussions among young populations at risk of HIV at higher risk of HIV on access to and availability of HIV/sexual and reproductive health services, UNFPA/IPPF, 2015

## 3.4Political and legal context

According to the State Constitution, the Kyrgyz Republic is a sovereign, democratic, secular and unitary state. It governing structure is based upon parliamentary democracy with a president as head of state.[30] During the last ten years, the country experienced two important political crises: In April 2010 the President was removed. In June 2010, a large-scale ethnic conflict took place in the south of the country, which led to hundreds of deaths; several thousand people were injured, while hundreds of thousands fled the conflict area and were displaced to neighbouring countries, mainly Uzbekistan. The Government was able to stabilise the situation with the support of humanitarian assistance from the international community, support for infrastructural reconstruction projects and efforts for re-building trust. After the crisis, a national referendum endorsed a new Constitution, which defined the parliamentary form of government. Kyrgyzstan became the first parliamentary republic in Central Asia.

The rights of citizens to health, including the rights of adolescents and youth, are guaranteed by the Constitution. In addition, the Health Protection Law is the main legal act regulating health protection in the country, according to which the main principles of state policy in the field of health protection are the rights of citizens to health care; social justice, equality, access to health and sanitation services; and social protection of citizens in case of loss of health.[31] The law defines the legal, economic and social foundations of health protection in the Kyrgyz Republic, binding for public authorities and local governments, individuals and legal entities.

In addition, the Reproductive Rights Law was adopted in 2000 and revised in 2007 and 2015. It aims to strengthen the responsibilities of citizens and organisations for the protection of reproductive health and ensuring reproductive rights in society. The law also determines the right of adolescents and youth to information and education on reproductive health and access to youth-friendly health services. Due to the fact that earlier versions of the RR Law had no effective mechanisms for implementation and were declarative, the revised law was developed as a result of more than five years' advocacy work by several organisations, including UNFPA. It was approved by Parliament in May 2015 and is expected to come into force shortly. The revised law provides broad opportunities for developing youth friendly health services at all levels of health care as well as institutionalising sexual and reproductive health education and information at schools. It also creates a solid base for independent decision-making by adolescents and youth about their sexual and reproductive health.

## 3.5Key adolescent and youth development partners in Kyrgyzstan

Several key actors were involved in the implementation of adolescent and youth. These included the Ministry of Health, the Ministry of Education and Science, the Ministry of Labour, Migration and Youth and the Ministry of Social Development. The Ministry of Health leads the development and implementation of specialised programmes on adolescents and youth reproductive health. Different aspects of the broad health reforms in the country are supported by multilateral and bilateral donors, including UNFPA, UN Women, the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) as well as the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the United States Agency for International Development (USAID) and the Swiss Agency for Development and Cooperation (SDC). There are also number of Kyrgyz non-governmental organisations (NGOs) working in the area of HIV prevention and sexual and reproductive health and reproductive rights.

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[30]Document: http://country.eiu.com/article.aspx?articleid=1662488350&Country=Kyrgyz%20Republic&topic=Summary&subtopic=Political+structure

[31] See Article 4 of the Health Protection Law. Document:

## 3.6Key challenges and opportunities for adolescent and youth programming

During the briefing session at the start of the data collection mission, UNFPA staff, together with the evaluation team, discussed the country context related to legal, policy, regulatory, cultural, economic and political barriers to advocate for and implement adolescents and youth interventions in Kyrgyzstan. After consideration of each factor, the group came to a consensus as to how difficult it is to work on adolescents and youth issues in Kyrgyzstan and provided an overall rating (see Table 9).

Table 9: Country context assessment

| **Factor** | **Value Scale** |
|---|---|
| Laws, policies and regulations restrict adolescents and youth access to services | 3 = Heavily restrictive/limiting<br><br>2 = Moderately restrictive/limiting; positive change has occurred in last 5 years<br><br>1= Not very restrictive / limiting; open to positive change<br><br>0 = Facilitative |
| Social, cultural, religious norms impede adolescents and youth access to information and services related to sexual and reproductive health | |
| Economic, political, environmental or internal (crisis in government; war/conflicts; public health crisis; other) stress factors restrict adolescents and youth programme implementation directly or indirectly | |
| Historical or current social, economic and ethnic discrimination of specific populations limits access to marginalised or vulnerable adolescents and youth groups | |
| Social, cultural, or religious restrictions on adolescents and youth (especially girls) participation limits meaningful engagement by adolescents and youth in programmes | |
| **Summary consensus assessment for Kyrgyzstan: 2 = Moderately restrictive/limiting; positive change has occurred in last five years** | |

It was found that while there are structural - legal, policy and regulatory - barriers, they were not major impediments to advancing adolescents and youth sexual and reproductive health in the country. Rather the concern focused increasing restrictions on religious grounds to access and use of modern contraceptives, as well as information and education on sexual and reproductive health issues for young people. Another restrictive factor is the financing of health insurance and commodities that creates administrative and financial barriers, and limits confidentiality and anonymity of medical records and services. Given these barriers, the context was assessed as moderately restrictive. During the mission, the Reproductive Rights Law passed, underscoring the possibility for change despite conservative forces within Parliament and within communities.[32]

[32] Law on Reproductive Rights of Citizens and Guarantees of its Realisation (Implementation).

# 4 UNFPA support for adolescents and youth in Kyrgyzstan

## 4.1UNFPA programmatic support to adolescents and youth in Kyrgyzstan

During the time period under evaluation, UNFPA implemented two country programmes: the second country programme (2005-2011) and the third country programme (2012 to 2016, and then extended to 2017). It has done so under four corporate strategic plans, namely the UNFPA Multi-Year Funding Framework 2004-2007, the UNFPA Strategic Plan (SP I) 2008-2011, the revised and extended SP 2012/2013 (MTR) and the SP II 2014-2017.

In terms of support to adolescents and youth, the 2005-2011 country programme put a particular focus on establishing youth-friendly health services (YFHS) in selected clinics as well as on healthy lifestyle education and outreach interventions - both within the vocational education system and through youth peer education. UNFPA also supported initiatives under the gender component to reach out to young men to foster dialogue on gender equality. While the country programme is implemented throughout the country, following the 2010 emergency, UNFPA extended its youth-related interventions, including those on gender-based violence (GBV), to new locations in the south of Kyrgyzstan. An important lesson learnt, based on the 2011 country programme evaluation[33] and captured in the 2012-2016 country programme document, was the importance of advocating a multi-sectoral approach to addressing the needs and rights of youth. In 2015 UNFPA started to address needs of adolescents and youth at risk of HIV[34].

The substantive focus on adolescents and youth did not change in the 2012-2016/17 country programme. Rather, support was to be scaled up and institutionalised. Table 11 shows expected outputs and implementation strategies for adolescents and youth support under the main adolescents and youth-related outcome: "Improved access to sexual and reproductive health services and sexual and reproductive health education and information for young people (including adolescents)".[35] The main modes of engagement are capacity development and advocacy.

In addition, adolescents and youth are mentioned under outcome 1, "Increased access to and utilisation of quality maternal and new-born health services" where UNFPA planned to work with others to develop and revise clinical guidelines and protocols in the area of adolescent reproductive health, and outcome 3, "Improved data availability and analysis resulting in evidence-based decision-making and policy formulation…" where UNFPA planned to enhance national capacity for the production, utilisation and dissemination of statistical data on youth.

UNFPA has worked with a number of international and national partners in Kyrgyzstan over the period under evaluation. According to the country programme action plan, "UNFPA will involve a wide range of governmental agencies, including education and research institutions, non-governmental organisations, UN organisations, and multi and bilateral international organisations in the implementation of the country programme 2012-2016." The country programme action plan does not, however, explicitly mention youth-led organisations. In effect, UNFPA has implemented its adolescents and youth programme in support of and together with the Ministry of Health, the Ministry of Labour, Migration and Youth, the National Statistics Committee as well as national non-governmental organisations, including youth and faith-based organisations. UNFPA has closely collaborated and

[33] Document: Evaluation of the 2005-2011 Country Programme: United Nations Population Fund Kyrgyzstan Country Office, February 2011.
[34] Document: Consultation Report – Kyrgyzstan: Small group discussions among young populations at higher risk of HIV on access to and availability of HIV/sexual and reproductive health services, UNFPA/IPPF, 2015
[35] According to the CPAP. It must be noted that the CPD and CPAP differ somewhat. Documents: CPAP (2012-2016) and CPD

coordinated with other UN organisations such as UNDP, the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) under the respective UN Development Assistance Frameworks (UNDAF). It partnered with GIZ in the area of healthy lifestyle (Healthy Lifestyle strategy) education.

Table 10: UNFPA Country Programme Action Plan 2012-2017 adolescents and youth outcomes, outputs and implementation strategies

| | |
|---|---|
| Outcome 2: Improved access to sexual and reproductive health services and sexuality education for young people including adolescents | |
| Output 3: Strengthened capacity of national institutions to provide youth-friendly services on sexual and reproductive health and HIV | Building the capacity of providers to deliver high-quality integrated sexual and reproductive health and HIV services to young people, including populations at risk of HIV.<br>Implementing a comprehensive condom distribution programme that focuses on young people and populations at risk of HIV. |
| Output 4: Improved awareness, attitudes and behaviour of young people towards sexual and reproductive health, HIV, STIs and gender equality, including GBV, in communities | Integrating gender-sensitive sexual and reproductive health and HIV prevention education into the curricula of vocational schools in order to complement the efforts of other partners engaged in introducing similar curricula into secondary schools.<br>Supporting national efforts to improve sexual and reproductive health education and informationthrough institutionalizing peer education standards.<br>Establishing and strengthening youth alliances at national and community levels for GBV and HIV prevention initiatives.<br>Education, information campaigns and awareness-raising initiatives aimed at improving and changing attitudes of young people towards sexual and reproductive health and rights. |

Implementing partners (IPs) in the area of adolescents and youth are the non-governmental organisations Youth Peer Education (Y-PEER) (2010-2012 and 2014), the NGO Reproductive Health Alliance (RHA) (2010-2011) as well as the Centre of Research of Democratic Processes (2012) (see Section 4.2). UNFPA has no governmental implementing partner in the area of adolescents and youth.

## 4.2 Financial support for adolescents and youth in Kyrgyzstan

For resource allocation purposes, in 2014, UNFPA re-categorised programme countries into "colour quadrants" based on the combination of need and ability to finance.[36] Table 12 provides an overview of the modes of engagement by setting, highlighting each quadrant's priorities. Kyrgyzstan is classified as an "orange" country. Within orange quadrant countries, UNPFA offers the following modes of engagement advocacy, policy dialogue/advice, capacity development and knowledge management.

Based on Atlas financial data,[37] Table 11 illustrates expenditure figures by project outcome codes in support of adolescents and youth (both regular and other resources) in Kyrgyzstan for 2008-2014. Table 12 further

[36] The following indicators were used to determine need classification under the 2014-2017 SP: Proportion of births attended by skilled health personnel for the poorest quintile of the population; maternal mortality ratio; adolescent fertility rate; proportion of demand for modern contraception; HIV prevalence, 15-24 year olds; Gender Inequality Index. Document: UNFPA Strategic Plan 2014-2017, Annex 4 on Funding Arrangements.
[37] For further information on Atlas and GPS coding/tagging as well as the methodology applied for the financial analysis, please see the background note in Annex 3.

disaggregates 2014 adolescents and youth expenditure by Strategic Plan output, showing that the large majority of adolescents and youth expenditure fell under outputs 6 and 10.

Table 11: Expenditure (in USD) per project outcome code (in Atlas)/output code (in GPS) for 2008-2014

| **Project Outcome/ Output Codes** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **Total** |
|---|---|---|---|---|---|---|---|---|
| A1 | | | $3,084.19 | $15,353.75 | $5,149.87 | $8,246.80 | | $31,834.61 |
| R5 | $123,601.99 | $81,754.60 | $147,286.48 | $171,856.94 | $251.57 | | | $524,751.58 |
| U5 | | | $8,197.88 | | $0.00 | | | $8,197.88 |
| U6 | | | | | $291,685.43 | $229,312.64 | | $520,998.07 |
| All 2014-2017 SP Outputs under which adolescents and youth expenditure fell in 2014 | | | | | | | $517,763.79 | $517,763.79 |
| **Total** | **$123,601.99** | **$81,754.60** | **$158,568.55** | **$187,210.69** | **$297,086.87** | **$237,559.44** | **$517,763.79** | **$1,603,545.93** |

**A1:** Programme Coordination and Assistance; R5: Improved access to sexual and reproductive health services and sexual and reproductive health education and information for young people (including adolescents); **U5:** Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy; **U6:** Improved access to sexual and reproductive health services and sexual and reproductive health education and information for young people (including adolescents); **All SP Outputs 2014-2017 under which adolescents and youth expenditure fell in 2014**: **SP Output 6**: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings; **SP Output 7**: Increased national capacity to design and implement community and school based sexual and reproductive health education and information programmes that promote human rights and gender equality; **SP Outputs in 10**: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings; **SP Output 11:** Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalised and vulnerable young people, people living with HIV and populations at risk of HIV; and **OEE 3:** Enhanced programme effectiveness by improving quality assurance, monitoring, and evaluation.

Source: Atlas data, including GPS data for 2014.

Table 12: 2014 adolescents and youth expenditure (in USD) by Strategic Plan output (under the 2014-2017 Strategic Plan)

| 2014 adolescents and youth expenditure (in USD) by Strategic Plan output | |
|---|---|
| SP Outcome 2, Output 6 | $247,613.73 |
| SP Outcome 2, Output 7 | $38,843.33 |
| SP Outcome 3, Output 10 | $189,058.87 |
| SP Outcome 3, Output 11 | $34,635.78 |
| SP Outcome 4, Output 12 | $6,812.08 |
| OEE, Output 3 | $800.00 |
| **Total** | **$517,763.79** |

Source: Atlas GPS data.

Table 13 compares the amount budgeted with the amount spent in support of adolescents and youth for the period 2008-2014. Data indicate a general increase in prioritisation of adolescents and youth programming, with expenditure peaking in 2014 at over USD 500,000. Expenditure decreased slightly from 2012 to 2013 and then increased from 2013 to 2014 to reach USD 517,763.79.[38] A very high rate of implementation was witnessed throughout the period. Overall, adolescents and youth expenditure as a percentage of total country office expenditure was roughly 20.3 per cent for 2008 to 2014.[39]

Table 13: Annual budget and expenditure in support of adolescents and youth from 2008-2014 (USD)

| Annual budget and expenditure in support of adolescents and youth from 2008-2014 | | | |
|---|---|---|---|
| **Year** | **Budget** | **Expenditure** | **Implementation Rate** |
| 2008 | $124,123.00 | $123,601.99 | 99.6% |
| 2009 | $82,619.00 | $81,754.60 | 99.0% |
| 2010 | $160,144.46 | $158,568.55 | 99.0% |
| 2011 | $190,495.00 | $187,210.69 | 98.3% |
| 2012 | $298,973.07 | $297,086.87 | 99.4% |
| 2013 | $246,135.00 | $237,559.44 | 96.5% |
| 2014 | $527,391.48 | $517,763.79 | 98.3% |
| **Total** | **$1,629,881.01** | **$1,603,545.93** | **98.4%** |

Source: UNFPA Evaluation Office based on Atlas data, including GPS data for 2014.

Table 14 shows that adolescents and youth programming has fairly evenly depended on the availability of regular resources (roughly 55 per cent of total adolescents and youth expenditures), while being complemented by other resources (earmarked) funds.

[38] Greater expenditures during this phase, however, do not necessarily mean that more was invested; it could also be attributed to better capturing of expenditure in support of adolescents and youth (via the introduction of the U6 code).

[39] Total country office expenditure from 2008-2013: USD 6,904,338.81 (Source: Atlas dataset generated June 10, 2014). Total country office expenditure for 2014 is USD $1,138,178.78 (Source: Atlas GPS dataset generated in September 2015). Total country office expenditure for 2008-2014: USD $8,042,517.59. Note that 2008-2011 country office expenditure data was added to 2012-2013 country office expenditure data and 2014 country office expenditure data to arrive at an estimate of total country office expenditure for 2008-2014. However, expenditure figures from 2008-2011 are not directly comparable to figures from 2012-2013 or 2014, due to changes in UNFPA accounting procedures and coding (with the introduction of the new SP in 2012 and another in 2014). Though this is the case, estimates can still be made.

Table 14: Source of adolescents and youth expenditure from 2008-2014 in USD

| Funding Sources | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | Total |
|---|---|---|---|---|---|---|---|---|
| Finland | | | $26,391.74 | | | | | $26,391.74 |
| UNAIDS | | | | $18,675.68 | $15,140.67 | $56,171.04 | | $89,985.67 |
| UNDP - MPTF (Peacebuilding Fund) | | | | | $75,034.68 | | $280,303.59 | $355,338.27 |
| Total Other Resources (earmarked) | | | $26,391.74 | $18,675.68 | $90,175.35 | $56,171.04 | $280,303.59 | $471,717.40 |
| Total Regular Resources (not earmarked) | $123,601.99 | $81,754.60 | $132,176.81 | $168,535.01 | $206,911.52 | $181,388.40 | $237,461.06 | $1,131,829.39 |
| **Grand Total** | **$123,601.99** | **$81,754.60** | **$158,568.55** | **$187,210.69** | **$297,086.87** | **$237,559.44** | **$517,764.65** | **$2,075,262.47** |

Source: UNFPA Evaluation Office based on Atlas data, including GPS data for 2014

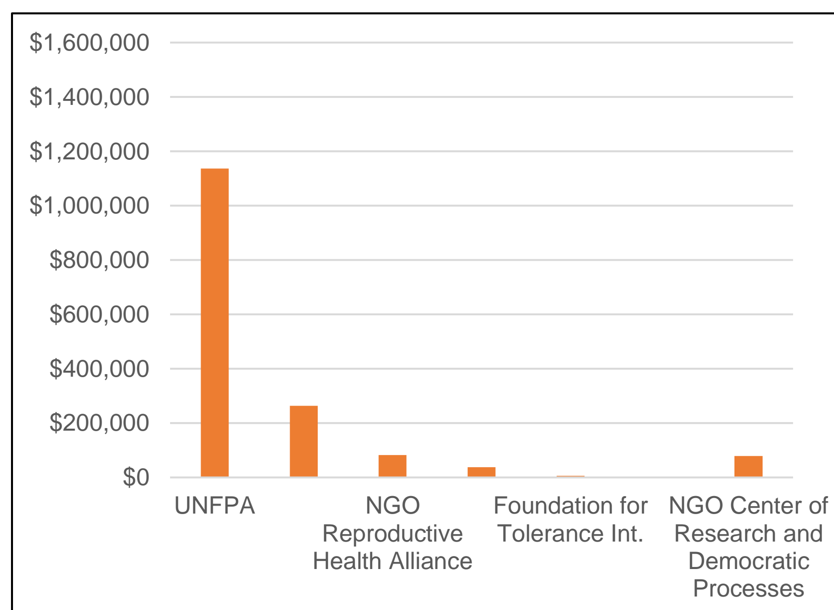
Tables 15 and 16 indicate annual expenditure by UNFPA and its implementing partners (IPs) between 2008 and 2014 in Kyrgyzstan. It reveals that UNFPA has directly implemented the bulk of resources for adolescents and youth programming, followed by Y-PEER, and to a lesser extent, the NGO Reproductive Health Alliance and NGO Centre of Research and Democratic Processes.

Table 15: Expenditure by implementing agency 2008-2014

| Implementing agency | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | Total |
|---|---|---|---|---|---|---|---|---|
| UNFPA | $123,602 | $81,755 | $54,918 | $67,514 | $233,238 | $237,559 | $338,154 | $1,136,740 |
| NGO Y-PEER | | | $67,717 | $73,872 | $28,566 | | $92,630 | $262,785 |
| NGO Reproductive Health Alliance | | | $35,934 | $45,825 | | | | $81,759 |
| PA OF WOMEN | | | | | | | $37,007 | $37,007 |
| Foundation for Tolerance Int. | | | | | | | $5,747 | $5,747 |
| National Statistics Committee | | | | | | | $1,514 | $1,514 |
| NGO Center of Research and Democratic Processes | | | | | $35,283 | | $42,712 | $77,995 |
| **Total** | **$123,602** | **$81,755** | **$158,569** | **$187,211** | **$297,087** | **$237,559** | **$517,764** | **$1,603,547** |

Source: UNFPA Evaluation Office based on Atlas data, including GPS data for 2014.

Table 16: Expenditure by implementing agency 2008-2014




Source: UNFPA Evaluation Office based on Atlas data, including GPS data for 2014.

As an "orange" quadrant country, spending in Kyrgyzstan is intended to go towards advocacy/policy, knowledge management, and capacity building. Tables 17 and 18 and Figure 6 capture the amount spent in support of adolescents and youth in 2014 by mode of engagement introduced with the 2014-2017 SP. Spending was highest for the mode of engagement category "Capacity Development" at approximately USD 258,000 or 50 percent of spending, followed by "Other", which roughly totalled

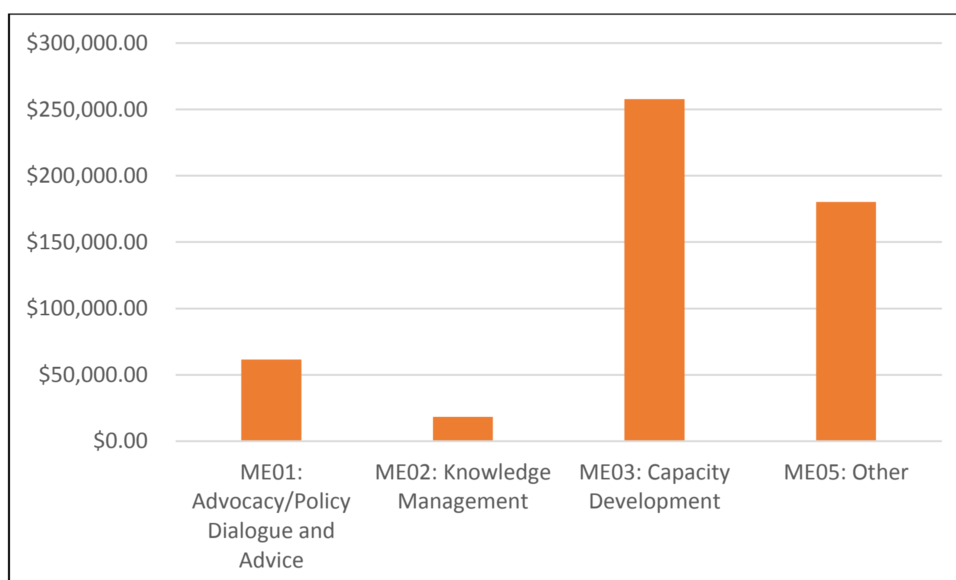
USD 180,000 or 35 percent of spending. Expenditure under advocacy/policy dialogue and advice as well as knowledge management was markedly lower.

Table 17: Adolescents and youth expenditure by mode of engagement for 2014 in USD

| Mode of engagement (MoE) | Expenditure |
|---|---|
| ME01: Advocacy/policy dialogue and advice | $61,556.81 |
| ME02: Knowledge management | $18,197.15 |
| ME03: Capacity development | $257,852.74 |
| ME05: Other | $180,157.09 |
| **Grand Total** | **$517,763.79** |

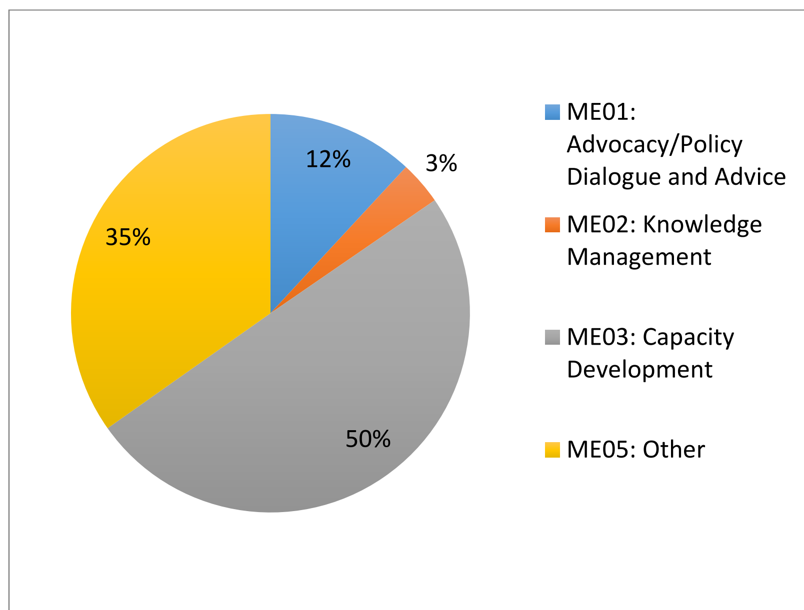
Source: UNFPA Evaluation Office based on 2014 GPS data.

Table 18: Adolescents and youth expenditure by mode of engagement for 2014 in USD




Source: UNFPA Evaluation Office based on 2014 GPS data.

Figure 6: Adolescents and youth spending by mode of engagement in 2014 in USD in Kyrgyzstan




Source: UNFPA Evaluation Office based on 2014 GPS data

# 5 Findings

## 5.1Relevance

| EQ1. To what extent was support to adolescents and youth, particularly the most marginalised and vulnerable, aligned with UNFPA policies and strategies, partner government priorities, plans and the needs of adolescents and youth and responsive to local contexts? |
|---|
| Summary of findings |
| The adolescents and youth programming of UNFPA in Kyrgyzstan was consistent with the principles and stipulations of the current UNFPA Strategic Plan and Adolescents and Youth Strategy (2012). However, insufficient programme guidance (related to Strategic Plan 2014-2017) on how to work on youth leadership and participation proved challenging due to a lack of a broader country level strategy needed to create complementarity between adolescents and youth programme lines – a necessary prerequisite for ensuring UNFPA's work on adolescents and youth is relevant in the context. Furthermore, efforts to increase investment in adolescents and youth interventions in line with UNFPA Strategy and to improve coordination and alignment of adolescents and youth programming were constrained by resource limitations.<br><br>UNFPA support to adolescents and youth was designed to align with national priorities and needs of the Government of Kyrgyzstan. Youth representatives participated in the consultation process. The country programme was based on adolescents and youth situation analyses, but was not informed by needs assessments of vulnerable and marginalised young people, including adolescent girls. Perceived needs defined by partner non-governmental organisations such as the Reproductive Health Alliance Kyrgyzstan were supported until 2014 when changes in the business model shifted UNFPA priority away from service delivery. The relevance of UNFPA efforts to reach out to adolescents and youth through religious leaders was favourably perceived as it was unique and largely unmatched by other organisations. Punctual, partner-driven assessments, however, did not provide a shared understanding of adolescents and youth needs in the country to galvanise civil society organisations to work in concert with UNFPA to common purpose.<br><br>UNFPA responded in an appropriate, timely and flexible manner to changes in the country context while maintaining programme coherence, as in the case of the 2010 humanitarian crisis. |

### *5.1.1 Alignment of UNFPA support with UNFPA policies and strategies in the area of adolescents and youth*[40]

UNFPA Kyrgyzstan generally aligned its country programme to UNFPA policies and strategies. In particular, the country programme aligned to the UNFPA Strategic Plan (SP) 2008-2011 (extended to 2013)[41] and Midterm Review,[42] and especially the revised first Strategic Plan's development results framework (DRF) outcomes 2, 6 and 7 in the areas of maternal health, sexual and reproductive health

[40] Evaluation assumption 1.1.
[41] Executive Board decision 2009/16. Document:
[42] Approved at the second regular session of the UNFPA Executive board in September 2011 (DP/FPA/2011/11). Document:

services and education for adolescents and youth, and data.[43] As stated by the UNFPA country programme document and the UNFPA Country Programme Action Plan 2012-2016, UNFPA aimed to give special attention to adolescents and youth in all areas of its work.[44] However the Kyrgyzstan Country Programme Document does not specifically reference the UNFPA Framework for Action on Adolescents & Youth (2006).

The Kyrgyzstan 2012 Country Programme Action Plan Results Framework was specifically aligned with the Strategic Plan Mid-term Review, as reflected in planning documents (annual work plans) and annual reporting (country office annual reports). The Strategic Plan 2014-2017 did not provide explicit strategic guidance on expected results in the area of youth leadership and participation, one of the five strategic prongs of the new Adolescents and Youth Strategy (2012), which posed a challenge when aligning programming in this area in Kyrgyzstan to the Strategic Plan.[45] The lack of reported programming of Output 8 in the SP (2014-2017) related to supporting adolescents and youth participation, leadership and their organisations suggests insufficient attention to strategic complementarity between adolescents and youth programme lines – a necessary prerequisite for sustaining and maximising the effect of UNFPA investments in adolescents and youth programmes. UNFPA support for adolescent and youth leadership and participation is further discussed in Section 5.2.5.

### *5.1.2 Alignment of UNFPA support with national (government and civil society organisations) priorities and needs in the area of adolescents and youth[46]*

The UNFPA Kyrgyzstan Country Programme reflects national development goals set out in the 2012-2014 Mid-term Country Development Strategy.[47] The Country Programme is also aligned with the 2013-2017 National Sustainable Development Strategy[48] in terms of substance and administration: in order to harmonise the country programme with the National Sustainable Development Strategy, UNFPA extended the duration of the country programme by one year (to 2017).[49] The National Sustainable Development Strategy addresses adolescents and youth as a cross-cutting issue, and enshrines a human rights-based approach to youth development with an emphasis on their political participation.[50] UNFPA support also corresponds to the health needs of adolescent and youth as addressed in other Kyrgyz legislation and sectoral government policies.[51] UNFPA has worked foremost with the Ministry of Health, and to a lesser degree, the Ministry of Labour, Migration and Youth in adolescents and youth-related programming and implementation.[52] Examples of collaboration included implementation of youth friendly health services with the Ministry of Health, Healthy Lifestyle

[43] Outcome 2: Increased access to and utilisation of quality maternal and newborn health services; Outcome 6: Improved access to sexual and reproductive health services and sexuality education for young people (including adolescents); Outcome 7: Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning) and gender equality.

[44] Country programme document as approved by the UNFPA Executive Board at its second regular session in September 2011. Document: Final country programme document for Kyrgyzstan (DP/FPA/CPD/KGZ/3).

[45] Interviews: UNFPA staff. Documents: Strategic and planning documents.

[46] Evaluation assumption 1.2.

[47] Documents: UNFPA Kyrgyzstan CPAP, p10.

[48] The 2013-2017 NSDS provides a broader and longer vision than the above-mentioned 2012-2014 Mid-term Country Development Strategy, a poverty reduction strategy prepared with the assistance of the International Monetary Fund (IMF) and with a particular focus on economic measures. Document: 2013-2017 NSDS.

[49] Interviews: UNFPA staff. Documents: Overview of the decisions of the adopted by the Executive Board at its second regular session 2015; 2015/22.

[50] Documents: 2013-2017 NSDS, pp 44 – 45.

[51] Key examples include the 2005 Health Protection Law, Health 2020 (the National Public Health Strategy 2020); the 2012-2016 Den Sooluk National Health Care Reform Programme; the Youth Strategy; the 2015 Reproductive Rights Law; and the Strategy for the Implementation of Healthy Lifestyle (Healthy Lifestyle strategy ) Education. Documents:

[52] Interviews: UNFPA staff, Government.

strategy curricula in government vocational school, and youth policy development with the Ministry of Labour, Migration and Youth. There were missed opportunities in building closer ties with the latter due to the UNFPA choice to focus their support exclusively on youth leadership and participation related to sexual and reproductive health despite that the related SP II output is more general.[53] A principal activity of the Ministry of Labour, Migration and Youth is to support youth led organisations – a strategic output of the current UNFPA Strategic Plan. Other UN partners such as UNICEF and UNDP had closer ties to the Ministry of Labour, Migration and Youth and benefited from these common strategic objectives. [54]

UNFPA also aligned its support to adolescents and youth needs as determined by adolescents and youth organisations and needs assessments. UNFPA established a National Youth Advisory Panel to ensure that programming reflected the priorities and needs of youth.[55] Furthermore, to inform the new country programme, UNFPA undertook an analysis of the health context of adolescents and youth in Kyrgyzstan together with the World Health Organisation (WHO).[56] Both the country programme document and country programme action plan provided situation analyses that served as the basis for setting programmatic priorities regarding adolescents and youth.[57] However, UNFPA did not undertake systematic needs assessments addressing the most vulnerable and marginalised adolescents and youth, including adolescent girls due to lack of funds.[58] This has resulted in a lack of dedicated programmatic attention to marginalised and vulnerable young people, including adolescent girls, as is further discussed in Sections 5.1.7 and 5.2.3.

UNFPA aligned their support in services, education and outreach with a local prominent non-governmental organisation provider of sexual and reproductive health services (Reproductive Health Alliance Kyrgyzstan) and a well-recognised NGO working within the Muslim community (Mutakalim) to meet the needs of adolescents and youth as perceived by these civil society organisations. In both cases, civil society organisations partners were not satisfied as UNFPA support became increasingly limited due to changes in the business model (reflecting a general decrease of resources within UNFPA globally), which affected support for service delivery specifically, and adolescents and youth programmes more generally. During the period, UNFPA shifted emphasis towards institutionalisation of programme investments to national partners such as the Ministry of Health, local health organisations and other State organisations. The relevance of UNFPA efforts to reach out to adolescents and youth through religious leaders, however, was favourably perceived as it was unique and largely unmatched by other organisations. UNFPA also worked closely with the Y-PEER network (created by UNFPA and now an independent organisation) to understand the needs of young people and provide sexual and reproductive health information through their programmes. These specific, partner-driven assessment processes did not however provide a consolidated perspective of adolescents and youth needs in the country to galvanise civil society organisations to work in concert with UNFPA to common purpose.[59]

#### ***5.1.3 Responsiveness of UNFPA support to changing contexts[60]***

[53] Interviews: UN staff, Government, adolescents and youth beneficiaries.
[54] Interviews: UN staff, Government. Documents: UNFPA SP 2014-2017.
[55] Interviews: UNFPA staff. Documents: UNFPA Briefing PPT, 18 May 2015.
[56] The analysis was not published, but served as a working document to draft a national children and adolescent strategy that later became part of the National Health Strategy 2020.
[57] The situation analyses are not identical but contain similar information. Documents: CPD, CPAP.
[58] Interviews: UNFPA staff. Documentary review did not identify any such needs assessments.
[59] Interviews: UN staff, NGOs, adolescents and youth beneficiaries.
[60] Evaluation assumption 1.3 of the evaluation matrix.

UNFPA was able to respond in an appropriate, timely and flexible manner to changes in the country context while maintaining programme coherence. UNFPA was able to adapt to the 2010 humanitarian crisis when violent clashes occurred between Kyrgyz and Uzbek ethnic communities in the Southern provinces of Osh and Jalalabad by mobilising funds to extend existing GBV and adolescents and youth programming in the area.[61] In the subsequent and still on-going reconciliation and peace-building efforts, UNFPA has integrated an increased focus on working with faith-based organisations and religious leaders and has strengthened the humanitarian component of the country programme.[62] Despite adaptation of messages and outreach to the changing context, UNFPA and partners were taken off-guard when previously approved sexual and reproductive health brochures developed by UNFPA implementing partner with UN organisational backing were attacked and criticised by some conservative activists and religious leaders in parliament, leading to a political backtracking on sexual and reproductive health information[63]. The fact that UNFPA and partners were caught off-guard by what many considered to be a routine approval process and the subsequent public debate and critique, demonstrates that more political landscape analysis and strategy would have been useful to respond appropriately to the changing socio-political context in Kyrgyzstan (see Section 5.1.4 for further discussion).

[61] Interviews: UNFPA staff, NGOs. Documents: COAR 2010; Mindy (2011), p.49/50 [Evaluation]
[62] Interviews: UNFPA staff, NGOs.
[63] Interviews: UNFPA staff, Government, NGOs, adolescents and youth beneficiaries.

| **EQ2. To what extent have human rights, gender responsive and culturally sensitive approaches been incorporated into programming in the area of adolescents and youth at global, regional and national level? To what extent has UNFPA prioritised the most marginalised and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?** |
|---|
| Summary of findings |
| UNFPA has supported partners to integrate the human rights of adolescents in interventions. At the policy level, UNFPA played a significant role in supporting partners to address human rights barriers to sexual and reproductive health, including for adolescents and youth, as part of efforts to revise the Reproductive Rights Law and the Youth Policy. In view of recent social changes, however, references to human rights are increasingly implicit, and sensitive human rights issues of relevance to more vulnerable and marginalised adolescents and youth have been insufficiently addressed, including those faced specifically by adolescent girls.<br><br>UNFPA has aimed to identify and reduce gender barriers within its programming, by working together with other UN organisations, youth organisations and young people of both sexes, although gender barriers remain in terms of access to health services and educational opportunities for young people.<br><br>UNFPA has adapted its programmatic approaches to facilitate integration of cultural views and perspectives, including by working extensively with faith-based organisations and religious leaders. However, the limits and challenges of this approach were not clearly considered within a coherent, guiding strategy.<br><br>The country programme implicitly covers vulnerable and marginalised adolescents and youth by default, in some interventions more than others, but such groups (including adolescent girls) are not a strategic focus of UNFPA in Kyrgyzstan. Lack of information, specifically data, on the sexual and reproductive health of marginalised and vulnerable adolescent girls limits recognition of their needs. As such, UNFPA has not achieved prominence as a convener on issues pertinent to marginalised and vulnerable adolescents and youth, particularly adolescent girls. |

#### *5.1.4 Incorporation of human rights-based approaches in adolescents and youth strategies and programmes[64]*

At the policy level, UNFPA played a significant role addressing human rights barriers to sexual and reproductive health, including for adolescents and youth, as part of efforts to revise the Reproductive Rights Law.[65] The revision of the law was initiated in 2010 by a Member of Parliament and UNFPA, based on an independent review of the implementation of the law.[66] UNFPA technical support since

[64] Evaluation assumption 2.1.
[65] Interviews: UN staff, Government (central), NGOs, adolescents and youth beneficiaries.
[66] In 2009, the Parliament Committee on Population and Development initiated the monitoring of the RR Law. It requested key ministries to respond to how the RR Law had been implemented. In 2010, UNFPA was asked for an independent review, which was undertaken by an

2010 has contributed to incorporation of sexual and reproductive health and reproductive rights terms and definitions in the law and helped secure the inclusion of issues such as sexual and reproductive health education and information, and the rights of adolescents and youth to information, education and services. In mid-2015, the revised law was passed by the Parliament.[67]

Box 1: Best practice example: Embedding the human rights of adolescents and youth in national legislation

**Best practice example: Embedding the human rights of adolescents and youth in national legislation**

The revised Reproductive Rights Law (2015) came into force on July 4th, 2015 as a result of consolidated efforts of all sexual and reproductive health and reproductive rights stakeholders in Kyrgyzstan. The revision was initiated in 2012 based on monitoring of results the previous RR Law (2000). The new draft aimed to address concerns raised from the monitoring, in particular the need for explicit legal terminology, as well as harmonized approach with the current sexual and reproductive health and reproductive rights situation in the country.

Since 2012 UNIFPA supported the working group on the revision of the Reproductive Rights Law, involving key experts from the medical community, human rights and sexual and reproductive health and reproductive rights civil society organisations, lawyers, and government officials. The panel of experts employed modern evidence-based knowledge and human rights approaches to sexual and reproductive health and reproductive rights to ensure they would be reflected in the Law. The revised version of the Law underwent thematic consultations with the medical community and civil society organizations; legal, gender and human rights experts, as well as series of public and Parliamentary hearings.

UNFPA was leading the consultation process to ensure high level decision-making at national and international level was involved, active, and facilitating a supportive environment. Advocacy led by UNFPA with partners succeeded in getting Parliamentary approval of the RR Law in May 2015. The newly approved Law identified rights and responsibilities using a human rights framework including ensuring access for adolescents and youth to sexual and reproductive health and reproductive rights information, education, and services and by established a legal ground for sexual and reproductive health education and information Kyrgyzstan.[68]

UNFPA has supported partners (including government, youth organisations, and civil society organisations) to maintain a human rights focus, particularly related to confidentiality, privacy and decision-making, and applying a human-rights-based approach to programming.[69] In particular, UNFPA has supported Y-PEER and the Reproductive Health Alliance of Kyrgyzstan to develop health brochures

expert group led by the NGO Reproductive Health Alliance (RHA) Kyrgyzstan. Based on the results of this review the revision of the law was initiated.

[67] Document: Law of the Republic of Kyrgyzstan No. 148 on Reproductive Rights of Kyrgyz Republic Citizens. http://cbd.minjust.gov.kg/act/view/ru-ru/111191

[68] Document: Law of the Republic of Kyrgyzstan No. 148 on Reproductive Rights of Kyrgyz Republic Citizens. http://cbd.minjust.gov.kg/act/view/ru-ru/111191

[69] Interviews: UN staff, Government (central), NGOs.

for young people that explicitly address sexual and reproductive health and reproductive rights, as well as human rights more generally.[70]

In its broader advocacy and capacity building work at national and community levels, however, UNFPA has over the years increasingly moderated its human rights language. Most recent UNFPA information, education and communication materials do not explicitly discuss human rights,[71] whereas earlier materials (published between 2000 and 2005) that are still in use include explicit references to human rights, gender and sexual and reproductive health and reproductive rights.[72] This development is widely explained as a reaction to the national context.[73] For example, as discussed in Section 5.1.3, shifting attitudes were clearly demonstrated in 2013 when well-accepted sexual and reproductive health and reproductive rights brochures for youth (initially co-published by UNFPA in 2000) were re-published, resulting in a parliamentary ban on their distribution.[74] Sensitive issues such as the rights of at risk young people were insufficiently addressed in the adolescents and youth programming supported by UNFPA in Kyrgyzstan in recent years.[75] There is also little evidence to suggest UNFPA has focussed specifically on the human rights of adolescent girls in Kyrgyzstan except within gender programmes that have taken up the issue of bride kidnapping.[76]

[70] Interviews: UNFPA staff, NGOs. Documents: Y-PEER and RHAK brochures.

[71] Documents: Brochure from Family Medicine Center of Kochkor. Youth Friendly Services Center. 2014. UNFPA Y--PEER. Booklet. Myths about main things. 2011. P: 4, 9, 11, 12. UNFPA Y--PEER. What you need to know about HIV \ AIDS? 2011.

[72] Documents: RHAK & UNFPA, GIZ, IPPF. The Series of brochures (8 brochures). The questions of youth in Kyrgyzstan. UNFPA. Brochure «Me». 2011. Guide for young trainers to conduct training on moral and sexual and reproductive health education of young people and adolescents on a "peer to peer" approach. 2011. P: 17-62, 72-94.

[73] Interviews: UNFPA staff, adolescents and youth beneficiary.

[74] Interviews: UNFPA staff, UN staff, Government (service providers), NGO.

[75] Interviews: UNFPA staff, NGOs.

[76] Interviews: UNFPA staff, NGOs, adolescents and youth beneficiary.

### *5.1.5 Incorporation of gender-responsive approaches and strategies to address gender barriers in adolescents and youth strategies and programmes*[77]

UNFPA has advocated for, developed the capacity of partners, and designed interventions with the aim of identifying and reducing gender barriers for adolescents and youth.

Under its gender country programme component, UNFPA has developed the capacity of young people and youth organisations such as Y-PEER to transform gender norms, including in collaboration with UN Women. Activities included forum-theatres and prevention campaigns on issues of particular relevance for adolescent girls and women such as GBV, bride kidnapping and early marriages.[78] UNFPA peace-building projects since 2010 have also had strong gender and adolescents and youth sexual and reproductive health components, involving both young females and males as agents of change in community-level activities to address gender and rights issues.[79] UNFPA has also aimed to identify and reduce gender barriers in coordination and cooperation with other UN organisations, including as a member of the UN Gender Theme Group.

However, gender barriers faced by adolescents and youth within broader UNFPA programming were not always recognised and overcome. For example, UNFPA-supported youth-friendly health services mostly served girls and young women (since service providers were mostly gynaecologists and rarely urologists or andrologists).[80] Similarly, students of vocational schools, where UNFPA has helped to introduce “healthy life skills” education that includes sexual and reproductive health and reproductive rights issues, are mostly male.[81]

Furthermore, UNFPA has supported sex- and age-disaggregated data collection, analysis and use (see Section 5.2.4) with the aim of supporting implementing partners to overcome gender barriers faced by adolescents and youth. For instance, UNFPA is working with the National Statistics Committee (NSC) to establish a local-level mechanism for collecting data, including on GBV.[82] It also supported publications such as the “Youth in the Kyrgyz Republic” (2014) presenting gender- and age-disaggregated data on GBV and young people in Kyrgyzstan.[83]

### *5.1.6 Integration of culturally sensitive approaches in adolescents and youth interventions*[84]

UNFPA has adapted its strategies and programmatic approaches to consider and integrate cultural views and perspectives in Kyrgyzstan,[85] including by translating information and education materials for adolescents and youth into local languages.[86]

Furthermore, UNFPA has been a leader in Kyrgyzstan in partnering with faith-based organisations to work on sexual and reproductive health and reproductive rights matters, including for adolescents and youth issues.[87] While this approach has been increasingly important given that Kyrgyz society is

[77] Evaluation assumption 2.2.
[78] Documents: COAR 2013
[79] Documents: Youth for Peaceful Change", "Multisectorial Cooperation for Inter-ethnic Peace Building in Kyrgyzstan in Talas, Osh, Jalalabad, Issykkul and Bakten oblasts, January 2014 - December 2015, "Youth for Peaceful Change" (joint project with UNDP and UNICEF) in Chui, Naryn, Osh, Jalalabad and Batken provinces, 2014-2016.
[80] Interviews: Government (service providers), NGO. NB: Andrologists are the male equivalent of gynecologists, focusing entirely on male reproductive issues.
[81] Interviews: UNFPA staff, Government (service providers).
[82] Interviews: UNFPA staff. Documents: COAR 2013.
[83] Documents: “Men and Women in the Kygyz Republic” and “Youth in the Kyrgyz Republic”, 2014.
[84] Evaluation assumption 2.3.
[85] Interviews: UNFPA staff, UN staff, Government (service providers).
[86] Interviews: UNFPA staff, NGOs. Documents: Healthy Life Skills Manual, Mutakalim brochures and training materials developed for UNFPA
[87] Interviews: UNFPA staff, NGOs. Documents: COAR 2008, COAR 2014.

becoming increasingly conservative, it contains inherent challenges. There was disagreement between UNFPA and partners on whether partnerships with faith-based organisations to address culturally sensitive issues (such as those related to the status of women and girls) was appropriate, where UNFPA cannot monitor the delivered content.[88]

### *5.1.7 Prioritisation of interventions that identify and include adolescents and youth, particularly the most vulnerable and marginalised, especially adolescent girls[89]*

UNFPA has not identified or explicitly prioritised the most vulnerable and marginalised adolescents and youth, including adolescent girls in Kyrgyzstan. Lack of information, specifically data on early marriage and GBV of adolescent girls' limits attention to their needs.[90] Instead, UNFPA has supported and engaged with the general population of adolescents and youth, accepting all young people as vulnerable because of their limited access to information, education and resources on sexual and reproductive health. Indeed, there is no clear and consistent evidence-based identification of which young people are most in need in Kyrgyzstan by UNFPA or partner organisations.[91] Nonetheless, certain aspects of UNFPA programming – namely, support for youth-friendly health services, healthy lifestyle education in vocational schools, and support for youth leadership and participation – implicitly, though not by design, included some marginalised and vulnerable young people, including adolescent girls, in their target groups.[92]

Box 2: Working with faith-based organisations in Kyrgyzstan

| **Best practice example: Working with faith-based organisations in Kyrgyzstan** |
|---|
| In Kyrgyzstan, young people are increasingly practicing religion highlighting the need to engage with the religious community to reach a broader spectrum of young people. In 2010, following the ethnic uprising in the South, UNFPA expanded their partnerships to include faith based organisations such as Mutakalim. Mutakalim, a faith based development organisation took the lead in reaching out to Muslim religious leadership in the aftermath of the crisis. They knew that they would have to work through western and traditional religious leaders to be accepted and communicate with the local and migrant communities in the country. UNFPA sought to build on their successful Stepping Stones programme which they had conducted among communities and religious leaders. To do so, UNFPA contracted an Egyptian consultant to support Mutakalim to adapt guidelines on family planning grounded in Islamic teaching and to train the religious community particularly Madrasahs with special attention to include both boys and girls. In the materials sexual and reproductive health and reproductive rights information was provided in an adapted format within a religious framework. The materials do not use explicit rights language but rather discuss rights within a family context. While some sensitive issues are not discussed directly, the rights of women vis a vis men in families including divorce, child rearing, and violence is included. Training is provided by a doctor and religious leader so that both evidence and religion can be shown to be mutually reinforcing. The trainers provide evidence based responses to questions ranging from sexuality and contraception to gender issues. Discussion of sensitive issues is conducted in groups of same gender. The step-wise approach to information provision builds the trust of the group which allows for increasingly more |

[88] Interviews: UNFPA staff, UN staff, Donor, NGOs.
[89] Evaluation assumption 2.4.
[90] Interviews: UNFPA staff, UN staff, NGOs, adolescents and youth beneficiaries.
[91] Interviews: UNFPA staff, UN staff, NGOs.
[92] Interviews: UNFPA staff, UN staff, Government (central), NGOs. Documents: Mindy (2011), p.7 [Evaluation]

in-depth discussions on more challenging issues in time. This approach succeeded in making teachers in Madrasas aware of important sexual and reproductive health issues related to girl's hygiene during menstruation which succeeded in getting toilets built for girls in the school (which were previously outside). Such achievements demonstrate that by working through faith based organisations such as Mutakalim, approval, support and change can be achieved in partnership with religious authorities. As a result, UNFPA enjoys a high level appreciation and trust for their efforts to reach the religious community in Kyrgyzstan.

Despite the high visibility of UNFPA in working on sexual and reproductive health issues related to adolescents and youth, it has not achieved high visibility as a prominent convener on adolescents and youth issues more generally, particularly for adolescent girls and their rights. Rather, UNFPA has responded to political and social changes in the country in recent years by aiming for broad inclusiveness in its programming. As such, UNFPA has attempted to show balance and reach in its activities by focussing on sexual and reproductive health issues of the entire adolescents and youth population, instead of taking the more politically sensitive approach of targeting sub-populations of particularly vulnerable young people. As a result, a lack of clear identification of and focus on the most marginalised and vulnerable in programme design and implementation has concentrated the reach of UNFPA adolescents and youth programming to adolescents and youth who are not among those in greatest need. UNFPA leadership and visibility for the adolescents and youth agenda is further discussed in Section 5.4.1.

## 5.2 Effectiveness and Sustainability

| **EQ3. To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of sexual and reproductive health education (including sexual and reproductive health and reproductive rights education and information) and integrated services (including contraceptives, HIV and GBV) for adolescents and youth?** |
| --- |
| Summary of findings |
| UNFPA has developed the capacity of partners, including relevant government ministries, and successfully supported youth-friendly health service (YFHS) delivery, including through the development of relevant guidelines, protocols and standards. However, limited donor interest and domestic resource constraints have resulted in trade-offs that have to date hindered broad-based implementation of youth friendly health services to international standards. The national ownership and sustainability of youth friendly health services remains insufficient, due to factors including high government staff turnover, lack of political commitment to and long-term vision for youth-friendly health services in the country. However, UNFPA has worked to increase ownership and potential sustainability through multi-sector partnerships and coordination. UNFPA-supported revision and recent approval of the Reproductive Rights Law is also expected to facilitate institutionalisation and sustainability of services.<br><br>UNFPA has also developed the capacity of partners to design and implement school-based sexual and reproductive health and reproductive rights education and information, which aims to align with international standards. UNFPA has addressed sexual and reproductive health education and information interventions with a multi-sectoral approach, with the result that the programme has achieved a degree of national ownership and sustainability, as demonstrated by scaling up to vocational schools throughout the country and legislative changes in support of the programme. However, the focus on vocational schools, given reduced resources, has limited the reach of the Healthy Lifestyle strategy curriculum to a largely male subset of the adolescents and youth population, rather than adolescent girls or out-of-school adolescents and youth. Furthermore, there is no evidence that UNFPA-supported sexual and reproductive health education and informationand sexual and reproductive health information activities have increased the use of sexual and reproductive health services, changed sexual risk behaviour, or improved the knowledge of HIV for young people. |

### *5.2.1 Availability and use of quality, integrated and sustainable sexual and reproductive health services (including contraceptives, HIV & GBV) for adolescents and youth [93]*

Since 2008, UNFPA has provided significant support for the delivery of sexual and reproductive health services to adolescents and youth, including support for establishing public and private youth-friendly health services (YFHS) in integrated (public) and stand-alone (private) clinics, which serve as a model for the public facilities in Kyrgyzstan. Once established in 2009, youth-friendly clinics were supported with equipment, contraceptives and technical guidance, as well as initially, regular monitoring and mentoring by a national expert team that included UNFPA staff. UNFPA furthermore supported the

[93] Evaluation assumption 3.1.

development of a package of guidelines for youth friendly health services organisation and implementation, covering youth friendly health services principles, standards, job descriptions and monitoring and evaluation systems.[94] However youth friendly health services standards, which are based on WHO international standards, have not yet been approved and implemented by the Government. Approval of the guidelines would require the government to make resources available to fully implement youth friendly health services to standard that likely would include costly infrastructure and staffing investments that are considered prohibitive.[95]

UNFPA also facilitated the training of health providers, managers, non-governmental organisations providing health services and youth leaders to improve quality of care and create an enabling environment for implementing youth friendly health services.[96] Nonetheless, limitations and weaknesses of infrastructure, financing mechanisms, service organisation and, to some extent, provider attitudes, compromised the delivery of quality sexual and reproductive health services by government partners, although providers could generally detail the essential components of quality sexual and reproductive health services for adolescents and youth. A notable exception existed, however, within a government-led facility where senior managers and providers leveraged funds and resources to work towards the delivery of quality youth friendly health services, despite structural and financial constraints in the system demonstrating that with political will within government structures can make the difference.[97] Due to limited funding, moreover, the coverage of YFHS was limited to a few pilot clinics, while national partners were encouraged to scale up services independently.[98]

Between 2010 and 2014 UNFPA supported 7 YFH clinics of which 4 were government run, UNFPA currently provides support for 3 additional clinics run by the government. The evaluation team visited eight. Clinics are mostly situated in cities and several in the capital city Bishkek. The best examples are youth friendly health services run by the sexual and reproductive health non-governmental organisation RHAK as described in Box 3 below. Government run youth friendly health services face more challenges as they have less funding and flexibility. They are generally not integrated into existing primary health care services as integration involves not only providers' knowledge and skills but also infrastructure and capacity which are more difficult to secure in resource limited government run services.[99] The main services offered at the clinics are counselling, including on GBV and HIV, contraception provision and referral to other services such as laboratory tests, shelter or another clinic or hospital.

Box 3: Best practice example: UNFPA-supported youth-friendly health clinic in Bishkek and Karakol

| **Best practice example: UNFPA-supported youth-friendly health clinic in Bishkek and Karakol** |
|---|
| In 2006 UNFPA introduced the concept of youth friendly health services in Kyrgyzstan, which was further elaborated by national partners. Reproductive Health Alliance Kyrgyzstan – the leading non-governmental organisation in sexual and reproductive health and reproductive rights area in Kyrgyzstan – with the support of UNFPA and other development partners established youth friendly clinics in Bishkek and Karakol. The clinics, first of their kind, provide quality information and |

[94] Documents: COAR 2008, p.34
[95] Interviews: UNFPA staff, Government (central, service providers), NGOs.
[96] Interviews: UNFPA staff, Government (central). Direct observation. Documents: COAR 2008, p.34; COAR 2013, p. 16; COAR 2010; COAR 2011.
[97] Interviews: Government (service providers), Donor, NGO. Direct observation.
[98] Interviews: UNFPA staff, Government, Government (service providers), NGOs.
[99] Interviews: UNFPA staff, Government, Government (service providers), NGOs. Direct observation.

comprehensive services on all aspects of reproductive health and rights, focusing on contraception, STI and HIV prevention for young people.

Clinics are organized according to international Youth Friendly Services standards, including how they are furnished and equipped to best meet the needs of young people. Young people have been an essential part of the clinics work being involved on all stages from program design and clinic establishment, and promotion to monitoring and evaluation of its services bringing valuable feedback of young clients to clinic management and staff. Highly skilled medical providers are specially trained by international and national trainers on all aspects of youth reproductive health as well as on effective communication and counselling, so that young clients experience non-judgmental, supportive services and a friendly environment. The primary clientele of the clinics are vulnerable youth – orphanages, street children, young people from poor and low – income families, without parental care. Youth friendly clinics provide opportunities to all young people, but especially to vulnerable and marginalized, to have access to high quality information, education and services and meet their need in the area of sexual and reproductive health and rights.

There was insufficient evidence to assess whether patterns of use for adolescents and youth sexual and reproductive health services have changed as a result of UNFPA support in Kyrgyzstan, although UNFPA-supported youth friendly health services are reportedly not used to full capacity, due to ongoing socio-cultural, gender, financial, and other barriers to their access.[100] Girls use them more as they are mostly staffed by gynecologists; the number of urologists and andrologists in the country is limited, especially outside Bishkek.[101] For those who do utilise youth friendly health services, additional barriers can emerge such as access to free contraceptives or other specific services (e.g. STI testing) which can only be obtained through one's family medicine services eliminating the privacy and confidentiality of the original service.[102] Use of youth friendly health services by rural adolescents and youth is also limited due to lack of awareness of such services, affordability of services and financial means to cover transport costs.[103] Coverage for other uninsured young people – who are usually marginalised and / or vulnerable – continues to be incomplete.[104] Data on the number of adolescents reached through UNFPA-supported sexual and reproductive health services was not available.[105]

UNFPA has advocated for and supported the development of laws and policies to allow access to sexual and reproductive health services for adolescents and youth. Youth friendly health services are included in the National Public Health Strategy 2020, which is expected to make funds available for institutionalisation and was supported by UNFPA.[106] The UNFPA-supported Reproductive Rights Law, enacted in July 2015, also provides a solid basis for youth friendly health services institutionalisation. In articles 12 and 13 it confirms the right of young people to receive sexual and reproductive health services and identifies the responsibilities of health organisations to ensure access to such services. The same law determines that sexual and reproductive health services should be provided under the State Guaranteed Benefit Package (SGBP) and scaled up by the Mandatory Insurance Fund.[107]

[100] Interviews: UNFPA staff, NGO, adolescents and youth beneficiary.
[101] Interviews: UNFPA staff, Government (service providers), adolescents and youth beneficiaries.
[102] Interviews: UNFPA staff, NGOs, adolescents and youth beneficiaries.
[103] Interviews: Government (service providers), NGO.
[104] Interviews: government, national NGO, A& beneficiaries.
[105] Documents: COARs.
[106] Documents: COARs 2010.
[107] Documents: Law of the Republic of Kyrgyzstan No. 148 on Reproductive Rights of Kyrgyz Republic Citizens. http://cbd.minjust.gov.kg/act/view/ru-ru/111191

UNFPA has worked in partnership with government, non-governmental and faith-based organisations as well as donors (namely the Deutsche Gesellschaft für Internationale Zusammenarbeit, or GIZ) with a view to increasing the sustainability and ownership of youth friendly health services.[108] Approaches have included convening stakeholder meetings, and partnering to advocate for improved gender-based violence services.[109] However, at national level, government ownership has not been fully realised and potential sustainability appears limited, due to factors such as high staff turnover within the government and a lack of political commitment and long-term vision for youth friendly health services in the country.[110]

Box 4: Revision of Theory of Change pathway for services

| Modes of Engagement to Output 1[111] |
| --- |
| **Output 1**: Strengthened national capacity to make comprehensive adolescents and youth sexual and reproductive health services available, including HIV and GBV care and treatment. In Kyrgyzstan, this element of the Theory of Change pathway held true, with all Modes of Engagement used, albeit to varying degrees. Within Mode of Engagement 5, there was no indication of the use of South-South or triangular collaboration. |
| **Output 1 to Outcome A**[112] |
| Between Output 1 and Outcome A, **Hypothesis a** (key socio-cultural, legal and gender barriers are overcome) was shown to be valid by this case study as a fundamental for increased availability and use of integrated sexual and reproductive health services for adolescents and youth. Indeed, in Kyrgyzstan, UNFPA-supported youth friendly health services are reportedly not used to full capacity, due to on-going socio-cultural, gender, financial, and other barriers to their access.<br><br>The importance of **Hypothesis b** (service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence) was also demonstrated in Kyrgyzstan, where services are not integrated, cross-referral from education programmes to sexual and reproductive health services is not clearly evident and the degree to which gender-based violence is addressed by teachers in sexual and reproductive health education and information is unclear, thus limiting the reach of UNFPA support to adolescents and youth survivors of violence. As such, the hypothesis appears too narrowly focussed and should be expand to better reflect the importance of linkages between sexual and reproductive health education and information initiatives and health services for adolescents and youth.<br><br>Testing of **Hypotheses e** (national ownership increases and sustains resources for integrated sexual and reproductive health services, education and information, including GBV and HIV) was constrained in Kyrgyzstan by the fact that full national ownership of youth-friendly health services is |

[108] Interviews: UNFPA staff, Government, NGO, adolescents and youth beneficiaries.
[109] Interviews: Government, Donor.
[110] Interviews: UNFPA staff, Government, Donor.
[111] Modes of Engagement: 1: Capacity development including technical assistance and training; 2: Service delivery, commodity security, behavior change communication, health systems strengthening; 3: Advocacy and policy dialogue / advice; 4: Knowledge development and management, design and dissemination of guidance and tools; 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration; 6: Mainstreaming of adolescents and youth issues within other programmatic areas. Output 1: Strengthened national capacity to make comprehensive adolescents and youth sexual and reproductive health services available, including HIV and GBV care and treatment.
[112] Outcome A: Increased availability and use of integrated sexual and reproductive health services by adolescents and youth.

yet to be achieved. Nonetheless, it is clear that the quality and comprehensiveness of government-funded services are constrained by limited resources. This is, at least in part, due to a lack of political commitment to the prioritisation of adolescents and youth services (**new hypothesis**), and demonstrates the need for an emphasis on quality of services (not reflected in Outcome A in the original Theory of Change).

This particular case study furthermore demonstrates the importance of adhering to international standards in order to deliver quality and integrated services (**new hypothesis**). Similarly, evidence from Kyrgyzstan highlights the need for collection and use of accurate data related to adolescents and youth health issues, including the use and quality of health services (**new hypothesis**).

#### *5.2.2 Availability and sustainability of sexual and reproductive health education and information and information for adolescents and youth[113]*

UNFPA has contributed to an increase in the availability and sustainability of sexual and reproductive health education and information for adolescents and youth in Kyrgyzstan. Most notably, since 2002, within in the framework of the Manas National Health Care Reform, UNFPA supported the Ministry of Education, jointly with partners (e.g. UNDP and GIZ) to implement the healthy schools programme. This included support and capacity building of partners for the design and implementation of a Healthy Lifestyle strategy for sixth to eleventh grade students in schools, and provision of relevant materials, guidance and training.[114] In addition, the Healthy Lifestyle strategy was also implemented in vocational school in 2011. The vocational education system provides specialised education and professional training after 9$^{th}$ grade; it is a three year and 10 month programme which is supported by the Ministry of Labour, Migration and Youth.

The Healthy Lifestyle strategy is based on a mandatory curriculum, a training package (three manuals for teachers, peer educators and dormitory masters), and an in-service training system for teachers, resources centres for teachers, and peer education, piloted through complementary Y-PEER interventions.

The approach was piloted and then rolled out to 70 to 80 per cent of vocational schools according to implementers. Initially the programme reached 110 schools; after internal reforms several schools were merged. In 2014, teachers from 45 vocational schools were educated on the curriculum, which has been adapted for use in religious schools and is available in local languages.[115] In 2015, 100 vocational schools including 94 vocational lyceums and 6 under the State Penitentiary Service have been reached with the Healthy Lifestyle curriculum.

The Healthy Lifestyle curriculum was developed in accordance with the standards of the United Nations Educational, Scientific and Cultural Organisation (UNESCO),[116] including human rights and gender equality, but in practice, is not fully aligned with all nine essential components.[117] The curriculum covers generic health topics; responsible behaviour and health; sexual and reproductive

[113] Evaluation assumption 3.2.
[114] Documents: COAR, 2012, p15
[115] Interviews: UNFPA staff, Government, NGO. Documents: COAR 2013.
[116] Documents: COAR 2014, p 13. UNESCO (2009). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators.
[117] Documents: COAR 2010 2.5b; COAR 2011, 2.5b; Ministry of health of the Kyrgyz Republic. Ministry of labor, migration and youth. UNFPA Methodological guide on the subject of "Healthy Lifestyles" for teachers of primary vocational education. 2011. P: 36-42, 76-77, 84-99, 111-127, 131-157.

health, rights and family planning; addictions; infectious diseases (including sexually transmitted infections and HIV); and emergencies. Of the 20 hours, 12 hours of the curriculum are dedicated to reproductive health issues (six hours on sexual and reproductive health, four hours on HIV and two hours on gender). Currently teachers and administrators can select which part of the curriculum they teach, usually focussing on less sensitive issues such as alcohol and tobacco control and healthy eating thereby minimising the delivery of sexual and reproductive health and reproductive rights education and information.[118] The degree to which gender-based violence and sexual diversity are addressed, for example, was not clear.

UNFPA-supported sexual and reproductive health education and information interventions however cannot sufficiently reach out-of-school youth, who are currently targeted only by non-governmental organisation interventions and peer education due to lack of financial resources.[119] Vocational schools - and consequently the Healthy Lifestyle curriculum - primarily cover rural and poor male youth.[120] UNFPA partnered with the Deutsche Gesellschaft für Internationale Zussamenarbeit (GIZ) to cover in-school youth, demonstrating that UNFPA successfully leveraged support to increase coverage of sexual and reproductive health education and information in Kyrgyzstan. UNFPA also worked through Y-Peer to reach out-of-school youth using peer education technical based on the Healthy Lifestyle curricula. Through partnerships, UNFPA successfully leveraged their resources to increase breadth and reach of the Healthy Lifestyle curricula in Kyrgyzstan. Unfortunately, sexual and reproductive health education and information and Healthy Lifestyle strategy does not seem to be a priority for donors and further expansion of Healthy Lifestyle strategy education to the broader population of adolescents and youth, both in and out-of-school, is affected by limited national investments.[121]

The UNFPA-supported Healthy Lifestyle programme appears to have at least partially achieved national ownership and sustainability. The programme benefits from political commitment and multi-agency involvement – including, *inter alia,* from the Ministry of Health (Ministry of Health), Ministry of Education, Ministry of Labour, Migration and Youth (Ministry of Labour, Migration and Youth), GIZ, UNICEF, UNAIDS, and UNDP.[122] Furthermore, the programme was included in the revised national Reproductive Rights Law in 2015, which UNFPA supported.[123] UNFPA support was key to ensure multi-sectoral coordination of major stakeholders such as the Ministry of Health through the National Health Promotion Centre and the Ministry of Labour, Migration and Youth through the Agency on Vocational Training for the integration of the Healthy Lifestyle curricula in vocational schools.[124] In particular, UNFPA mentored the Ministry of Health and those responsible for the vocational education system with technical assistance, internationally validated curricula and material support.[125]

There was no direct evidence that UNFPA contributed to increasing the percentage of young men and women who correctly identify ways of preventing the sexual transmission of HIV. Data from the United Nations Statistics Division indicates that 24 per cent of men aged 15 – 24 years had comprehensive correct knowledge of HIV in 2012 (with no trend data available). For young women, the percentage with correct knowledge of HIV held steady over the evaluation period, from 20.3 per cent in 2006 to

[118] Interviews: Government, Donor.
[119] Interviews: Government, Donor. Documents: COAR 2013, p 17.
[120] Interviews: Government.
[121] Interviews: UNFPA staff, UN staff, Government, Donor.
[122] Interviews: UNFPA staff, UN staff, Government, Donor.
[123] Interviews: UNFPA staff, Government, Donor. Documents: Law of the Republic of Kyrgyzstan No. 148 on Reproductive Rights of Kyrgyz Republic Citizens. http://cbd.minjust.gov.kg/act/view/ru-ru/111191
[124] Interview: UNFPA staff, Government, Donor.
[125] Interviews: UNFPA staff, Government, Government (service providers).

19.5 per cent in 2012 and 19.8 per cent in 2014.[126] In 2014, the percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was 23.4 per cent.[127] Similarly, adolescent pregnancy rates and condom use at last high-risk intercourse by young men and women have not changed over the evaluation period.128 Notably, cross-referral to sexual and reproductive health services from Healthy Lifestyle and peer education programmes was not conducted, with many UNFPA-supported peer educators unaware of the existence of sexual and reproductive health services for adolescents and youth in their communities.[129]

Box 5: Revision of Theory of Change pathway for sexual and reproductive health education and information

| Modes of Engagement to Output 2[130] |
|---|
| **Output 2**: Increased national capacity to design and implement community and school-based sexual and reproductive health education and information that promotes human rights and gender equality. In this case study, this held true, yet there was no indication of mainstreaming of adolescents and youth issues into other programmatic areas to increase national capacity for sexual and reproductive health education and information(Mode of Engagement 6) or of South-South or triangular collaboration (Mode of Engagement 5). |
| **Output 2 to Outcome B[131]** |
| **Hypothesis a** (key socio-cultural, legal and gender barriers are overcome) and **Hypothesis c** (sexual and reproductive health education and information is comprehensive and follows internationally agreed standards) in this case study proved valid for achieving increased availability of sexual and reproductive health and education and information (**Outcome B**). In Kyrgyzstan, although the curriculum is aligned with international standards, teachers and administrators may avoid sensitive components for socio-cultural reasons. Similarly, despite the importance of **Hypothesis b** (service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence) the degree to which gender-based violence is addressed by teachers within healthy lifestyles education was unclear. Cross-referral from education programmes to sexual and reproductive health or other services was not clearly evident, presenting a missed opportunity for increased reach and effectiveness of UNFPA support to adolescents and youth. As such, the hypothesis appears too narrowly focussed to reflect the importance of linkages between sexual and reproductive health education and information initiatives and health services. |

[126] Document: United Nations Statistics Division. Millennium Development Goals Indicators. http://mdgs.un.org/unsd/mdg/Data.aspx
[127] Document: http://www.unaids.org/sites/default/files/country/documents/KGZ_narrative_report_2015.pdf UNGASS report 2014:
[128] Document: United Nations Statistics Division. Millennium Development Goals Indicators. http://mdgs.un.org/unsd/mdg/Data.aspx. World Bank, http://data.worldbank.org/indicator/SP.ADO.TFRT.
[129] Interviews: adolescents and youth beneficiaries. Direct observation.
[130] Modes of Engagement: 1: Capacity development including technical assistance and training; 2: Service delivery, commodity security, behavior change communication, health systems strengthening; 3: Advocacy and policy dialogue / advice; 4: Knowledge development and management, design and dissemination of guidance and tools; 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration; 6: Mainstreaming of adolescents and youth issues within other programmatic areas. Output 2: Increased national capacity to design and implement community and school-based sexual and reproductive health education and information that promotes human rights and gender equality.
[131] Outcome B: Increased availability of sexual and reproductive health education and information.

In Kyrgyzstan, there was no evidence that UNFPA support addresses **Hypothesis d** (sexual and reproductive health education and information reach out-of-school adolescents and youth). However, the hypothesis remains relevant given the increasing marginalisation of adolescents and youth, particularly in the south of the country where poverty, and political unrest create unfavourable conditions for sexual and reproductive health education and information to reach young people. While some degree of national ownership of the healthy lifestyles programme has been achieved in Kyrgyzstan, there was no clear evidence that this has resulted in increased, sustainable resources for adolescents and youth sexual and reproductive health services, information or education (**Hypothesis e**). This would depend on government commitment and political will for increased funding, and prioritisation of adolescents and youth issues (**modified Hypothesis e**). There was no indication that UNFPA engages with parents in Kyrgyzstan as presented in **Hypothesis f** (parents, schools and community leaders engage in adolescents and youth sexual and reproductive health and reproductive rights education and information). Rather, broad community engagement would be required to ensure the wider needs of adolescents and youth are addressed (**modified Hypothesis f**).

In addition, as was the case with UNFPA support for services, the Theory of Change pathway for education does not recognise the importance of collection, disaggregation and dissemination of data on sexual and reproductive health education and information activities and adolescents and youth issues more generally, in order to design enabling policies, programmes and strategies for adolescents and youth (suggested **new hypotheses**).

| **EQ4. To what extent has UNFPA contributed to evidence-based policies and programmes that incorporate the needs and rights of adolescents and youth? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programmes?** |
| --- |
| Summary of findings |
| During the evaluation period, UNFPA has addressed sexual and reproductive health issues experienced by adolescent girls in Kyrgyzstan, such as child marriage, early pregnancy, bride-kidnapping and gender-based violence, most strongly through legal advocacy and awareness-raising campaigns.[132] UNFPA support for capacity building of partners, comprehensive programming and development of the knowledge base specifically for adolescent girls was less evident. No health, social or economic asset-building programmes for adolescent girls were found in Kyrgyzstan.<br><br>UNFPA has strengthened national capacities for the collection, analysis and packaging of adolescents and youth data, especially through support to the National Statistics Committee. A key achievement is the publication "Youth in the Kyrgyz Republic", which is highly appreciated and used by adolescents and youth stakeholders. However, use of disaggregated data to better focus UNFPA support for adolescents and youth, especially for the most marginalised and vulnerable, is less evident, and significant gaps remain in the validity and quality of adolescents and youth sexual and reproductive health data in Kyrgyzstan generally. |

### *5.2.3 Priority given to adolescent girls in national development policies and programmes [133]*

Adolescent girls were not a specific priority for UNFPA in Kyrgyzstan during the evaluation period.[134] As such, UNFPA has not supported comprehensive programmes designed to meet the particular needs of adolescent girls in Kyrgyzstan, nor has it focussed on capacity development of partners to design and implement such programmes.[135] Rather, adolescent girls were implicitly included, though not targeted, by other UNFPA adolescents and youth programming. Adolescent girls were not determined by UNFPA to have greater health or social needs than their male counterparts.[136]

No country-specific examples of development of the knowledge base on adolescent girls (for example through data, information, development of good practice or guidance documents) were identified, although the UNFPA Regional Office for Eastern Europe and Central Asia supported a study on early and child marriage in Central Asia in 2012, including a review of the relevant legal framework.[137]

UNFPA has, however, engaged in advocacy and awareness-raising for issues faced by adolescent girls. For example, awareness-raising campaigns on child marriage were supported by UNFPA in 2012 to coincide with the inaugural International Day of the Girl Child, and on adolescent pregnancy in 2013.[138] Through support for Y-PEER, theatre workshops aimed to raise awareness about the negative effects

[132] Interviews: adolescents and youth beneficiaries. Documents: COAR 2012, p. 15,17, COAR 2013, p. 13; COAR 2013, p.24.
[133] Evaluation assumption 4.1.
[134] Interviews: UNFPA staff, Government, NGO.
[135] Interviews: UNFPA staff. Documents: COAR 2013, p. 6.
[136] Interviews: UNFPA staff, UN staff, adolescents and youth beneficiaries.
[137] Documents: COAR 2012, p 15; http://eecayouthvoice.org/wp-content/uploads/2014/11/Child_Marriage_EECA_Regional_Overview.pdf
[138] Documents: COAR 2012, p 17; COAR 2013, p.24

of gender-based violence, harmful practices such as bride kidnapping and early marriage, and broader sexual and reproductive health issues faced by young people (also in 2013.).[139]

Regarding legal and policy barriers, as is discussed in Section 5.1.4, UNFPA supported the revision of the Reproductive Rights Law, which included a reduction in the age of consent for adolescents to receive medical care, without parental permission from 18 to 16 years.[140] While this suggests that UNFPA legal advocacy has increased recognition of the legal needs and rights of adolescents, there was no evidence that the results achieved were a result of UNFPA-supported participation of adolescent girls in the policy process.

However, beyond these targeted interventions, UNFPA has not emphasised adolescent girls as a target group in its data and population activities, or in its promotion of adolescents and youth leadership and participation (further discussed in Section 5.2.5). UNFPA has not significantly utilised partnerships and mainstreaming to facilitate the engagement and participation of adolescent girls, or to promote support for their participation among parents, schools and communities. Furthermore, Kyrgyzstan does not currently have health, social or economic asset-building programmes designed to reach adolescent girls.[141]

Box 6: Revision of Theory of Change pathway for prioritisation of adolescent girls

| Modes of Engagement to Output 3[142] |
|---|
| **Modes of Engagement** (capacity development, advocacy and policy dialogue / advice, knowledge development and management, and mainstreaming of adolescents and youth issues)[143] to achieve **Output 3**: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy. In Kyrgyzstan, the pathway could not be adequately tested, but partially holds true: UNFPA has engaged only in advocacy and policy dialogue / advice, with the result that the capacity of partners to reach marginalised adolescent girls has not significantly increased. |
| **Output 3 to Outcome C[144]** |
| In Kyrgyzstan, the capacity of partners to design and implement comprehensive programmes for marginalised girls was not significantly increased (**Output 3**), with the result that the pathway from Output 3 to **Outcome C** (increased priority on adolescent girls in national development policies and programmes) could not be fully tested within this case study. However, there was no indication that UNFPA engages with parents in Kyrgyzstan as presented in **Hypothesis f** (parents, schools and community leaders engage in adolescents and youth sexual and reproductive health and reproductive rights education and information), despite significant attention to healthy life skills education. Rather, it appears that broad community engagement, beyond the area of sexual and reproductive health education and information (**modified Hypothesis f**), would be required to overcome socio-cultural, legal and gender barriers (**Hypothesis a**) to ensure the needs of adolescent |

[139] Interviews: adolescents and youth beneficiary. Documents: COAR 2013, p 13.

[140] Interviews: UN staff, Government (central), NGOs, and adolescents and youth beneficiaries. Documents: COAR 2014, p. 13

[141] Documents: COAR 2014, p 15.

[142] Output 3: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy.

[143] More precisely, these are Mode of Engagement (MoE) 1: Capacity development including technical assistance and training; MoE 3: Advocacy and policy dialogue / advice; MoE 4: Knowledge development and management, design and dissemination of guidance and tools; and MoE 6: Mainstreaming of adolescents and youth issues within other programmatic areas.

[144] Outcome C: Increased priority on adolescent girls in national development policies and programmes.

girls are addressed – as was noted to be the case with sexual and reproductive health education and information and services. **Hypotheses g, j and i**[145] could not be tested vis á vis adolescent girls in this case study.

### *5.2.4 Collection, analysis and use of disaggregated adolescents and youth data*[146]

UNFPA has strengthened national capacity for collection, analysis and use of adolescents and youth data over the period under review, including through technical and financial support to the National Statistics Committee in Kyrgyzstan. Since 2005, UNFPA has supported the National Statistics Committee to prepare a report entitled "Men and Women in the Kyrgyz Republic", which contains gender-disaggregated data, including on the MDGs.[147] In the first publication of this report, there was age disaggregation for some indicators, but it was not consistent because of a lack of a national definition of adolescents and youth. Since 2014, UNFPA support has facilitated the inclusion of a section on the health of young people, with gender-disaggregated data on infectious diseases, including HIV and STIs, alcohol and drug abuse, mental health.[148]

In 2014, UNFPA expanded its support to the NSC for the development of a compendium "Youth in the Kyrgyz Republic", which for the first time presented disaggregated data on demographics, migration, education, employment and health. The publication is well used by Government, youth organisations and other UNFPA partners, and demonstrates that UNFPA has analysed and packaged available information, with a view to informing evidence-based policies and programmes.[149] The Ministry of Youth particularly emphasised the value of the "Youth in the Kyrgyz Republic" compendium as an important tool for policy making, planning and programming.[150] UNFPA also supported use of collected data for advocacy purposes in the Country Programme Document review process that took place in 2014.[151]

Box 7: Best practice example: "Youth in the Kyrgyz Republic" data compendium

**Best practice example: "Youth in the Kyrgyz Republic" data compendium**

In 2014, following the positive experience in supporting an annual statistical compendium "Men and Women in KGZ", UNFPA supported the first national publication on adolescents and youth data from 2009-2013 entitled "Youth in Kyrgyz Republic".

The Youth Data book, as it was called locally, was inspired by a regional publication on youth in the Central Asia developed with the support of the regional office, EECARO. It provides age-disaggregated data in line with a Ministry of Health definition of youth (rather than the international definition) and includes topics such as early marriage, HIV, and experience of violence. The

[145] Hypothesis g: Increased investments for adolescents and youth that proportionally target young adolescents and marginalised adolescents and youth. Hypothesis j: Adolescent girls participate in programmes as beneficiaries. Hypothesis i: Data / evidence influences policies, programmes and priorities.
[146] Evaluation assumption 4.2.
[147] Documents: National Statistics Committee. 2013. Women and Men in the Kyrgyz Republic 2008-2012. Compendium of Gender Disaggregated Statistics. p 35, p 48
[148] Documents: National Statistics Committee. 2013. Women and Men in the Kyrgyz Republic 2008-2012. Compendium of Gender Disaggregated Statistics. P: 37, 49,56,67,70,130
[149] Interviews: Government, Donor. Documents: Youth in the Kyrgyz Republic, 2009 – 2013.
[150] Interviews: Government (central), UN staff, NGOs, adolescents and youth beneficiaries.
[151] Interviews: UNFPA staff. Documents: "The human rights movement: Bir Duino-Kyrgyzstan". 2013. Analysis of the problem of early marriages and early motherhood in Kyrgyzstan. p 42. COAR 2008, p 13.

government's initial reticence to provide data resulted in data gaps. Nevertheless, the publication was widely appreciated by the government including for the Ministry of Labour, Migration and Youth citing it as an important resource for the development of strategies and documents including the recent youth policy law.

The short timeframe and limited financial resources available for data collection and analysis before publication limited early buy-in from the government, and the possibility for translation into Kyrgyz and English to ensure broader use. Given the level of appreciation however by partners including government representatives indicates interest in supporting similar efforts in future.

There was little evidence that UNFPA has used disaggregated data to better focus and target their support for adolescents and youth, especially the marginalised and vulnerable, as is further discussed in Sections 5.1.2 and 5.1.7.

A notable exception was a situation analysis on "Young People and HIV in Kyrgyzstan" conducted in 2011, the results of which were shared with partners and used to develop follow-up action plans.[152]

Despite UNFPA efforts, significant gaps and inaccuracies in adolescents and youth data remain in Kyrgyzstan, particularly around sexual and reproductive health issues such as contraceptive use.[153] Data on child marriage and bride kidnapping that affects adolescent girls is also insufficient.[154] UNFPA and their implementing partners held differences in opinion on the importance of these data discrepancies, and whether they constituted a significant drawback from the progress made by the NSC in recent years.[155]

Box 8: Revision of the Theory of Change pathway for evidence-based advocacy and data

| Modes of Engagement to Output 4[156] |
| --- |
| **Output 4**: Strengthened national capacity for production, analysis and use of adolescents and youth data. In Kyrgyzstan, this pathway proved valid. UNFPA strengthened national capacity for adolescents and youth data by partnering (**Mode of Engagement 5**) with the National Statistics Committee (although not multi-sectorally), and support was provided in the form of financial and technical assistance (**Mode of Engagement 1**), including for knowledge development and management (**Mode of Engagement 4**). In addition, data was used for advocacy purposes in the Country Programme Document process (**Mode of Engagement 3**). |
| **Output 4 to Outcome D[157]** |
| In this case study, this Theory of Change pathway generally held true. The government in Kyrgyzstan has recognised the value of data related to adolescents and youth (**Hypothesis h[158]**) as a tool for developing effective evidence-based policies and programmes (**Outcome D**). However, evidence highlighted that data / evidence was not always used within UNFPA to influence policies, programmes and priorities, suggesting the need to modify **Hypothesis i**[159] to highlight the importance of active analysis and use of evidence. However, there was no evidence that strengthened national capacity for adolescents and youth data resulted in increased investment for adolescents and youth that proportionally targets young or marginalised adolescents and youth (suggesting the removal of **Hypothesis g[160]** from the pathway). |

[152] Documents: COAR 2011, p 24, "Young People and HIV in Kyrgyzstan", 2011.
[153] Interviews: UN staff, Government (service provider), NGO, adolescents and youth beneficiaries.
[154] Interviews: UNFPA staff, UN staff, NGOs, adolescents and youth beneficiaries.
[155] Interviews: UNFPA staff, UN staff, Government, Government (service provider), NGOs, adolescents and youth beneficiaries.
[156] Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data for evidence-based laws, policies and programmes that integrated the needs and rights of adolescents and youth.
[157] Outcome D: Evidence-based policies and programmes incorporate the needs of adolescents and youth.
[158] Hypothesis h: Governments support the collection, disaggregation and dissemination of data related to adolescents and youth.
[159] Hypothesis i: Data/evidence influences policies, programmes and priorities.
[160] Hypothesis g: Increased investments for adolescents and youth that proportionally target young adolescents and marginalised adolescents and youth.

| **EQ5. To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalised and vulnerable adolescents and youth, particularly adolescent girls?** |
| --- |
| Summary of findings |
| UNFPA efforts to promote adolescents and youth leadership and participation in Kyrgyzstan are widely recognised. Activities have included capacity development and skills training of young people, and support for youth organisations and youth advocates to plan and implement programmes and to participate in law and policy development. UNFPA support was key in the creation and registration of Y-PEER, a national youth-led non-governmental organisation. However, UNFPA support for Y-PEER did not translate into the establishment of national institutional structures for youth mobilisation, and has not specifically facilitated the meaningful participation of vulnerable adolescents and youth. Furthermore, UNFPA adolescents and youth empowerment efforts were narrowly focussed on sexual and reproductive health and reproductive rights during the evaluation period, which limited broader opportunities for collaboration, including with the Ministry of Labour, Migration and Youth. The significant work done on leadership and participation did not benefit from a broader strategic vision of how adolescents and youth programming could reach young people in greatest need with the full array of interventions supported by UNFPA. |

### *5.2.5 Capacities of youth advocates and of adolescents and youth organisations, networks, and institutional structures that promote leadership and participation of adolescents and youth*[161]

UNFPA has significantly supported adolescent and youth leadership and participation in Kyrgyzstan, with a primary focus on sexual and reproductive health issues.[162]

From 2008, UNFPA supported skills training of youth advocates through youth summer camps, summer forums and conferences on a broad range of sexual and reproductive health topics and - more recently - the post-2015 development agenda.[163] Through such platforms, UNFPA steadily promoted youth leadership and participation in national policy development, as recommended by the 2011 country programme evaluation.[164] For example, since 2011, UNFPA has facilitated the participation of young people in the promotion of a Youth Policy and the recently revised Reproductive Rights Law.[165]

UNFPA has also successfully built capacities of youth leaders through the development and institutionalisation of the Y-PEER network to plan and implement programmes (though less so for monitoring and evaluation).[166] In 2010, UNFPA supported formal registration of the network as a national youth-led organisation with a small staff and a network of volunteers.[167] Y-PEER now serves as one of three UNFPA implementing partners in Kyrgyzstan, and is widely recognised for its contribution in the area of peer education, which has now been enshrined in the National Programme on Prevention of HIV/AIDS Epidemic and its Social and Economic Consequences in the Kyrgyz Republic,

[161] Evaluation assumption 5.1.
[162] Interviews: Government, Donor, NGO, adolescents and youth beneficiaries.
[163] Documents: COAR 2010; COAR 2009, p.41
[164] Documents: UNFPA Kyrgyzstan Country Programme Evaluation, 2011.
[165] Documents: COAR 2008, COAR 2013.
[166] Documents: COAR 2010; COAR 2008, p.39; COAR 2009, p.41; COAR 2011
[167] Documents: COAR 2010.

the National Strategy of Reproductive Health, and in healthy life skills education programmes.[168] Y-PEER has a strong focus on sexual and reproductive health issues, as well as other issues of concern to young people in Kyrgyzstan, but it is not clear to what degree UNFPA support for youth participation and mobilisation has resulted in greater prioritisation of sexual and reproductive health issues by adolescents and youth leaders and organisations generally.[169] Support for Y-PEER was felt by some as disproportionate given the needs and prioritises of the broader adolescents and youth civil society organisation community[170].

Although a Kyrgyz adolescents and youth leader is present at the regional and global level with considerable acclaim, the translation of her leadership skills and the sharing of information and opportunities she has been afforded was not evident in the country. This suggested a disjuncture between promotion of adolescents and youth leaders at regional and global levels, with what is happening at country level within UNFPA.[171]

The UNFPA approach to youth participation and leadership has been narrowly focused on sexual and reproductive health issues, limiting its relevance in view of other priorities determined by young people themselves (see Section 5.1.2).[172] However, in this and similar efforts, there was ambiguity around the extent to which the mandate of UNFPA to promote youth leadership and participation should be narrowly linked to improving sexual and reproductive health and reproductive rights - as is currently the case - or associated with a broader agenda of empowering youth.[173] Key partners felt that without losing sight of its mandate, UNFPA would benefit from approaching adolescents and youth leadership and participation from a broader perspective - i.e., indirectly - including because of sensitivities around sexual and reproductive health and reproductive rights.[174] The narrow approach adopted appeared to restrict opportunities to engage with other partners for a broader youth agenda – for example, with the Ministry of Labour, Migration and Youth – which do not always perceive sexual and reproductive health as a priority area of youth development.[175] It was generally perceived by stakeholders that empowering young people in a broader range of areas determined by adolescents and youth themselves would help to promote the core mandate of UNFPA in sexual and reproductive health.[176]

While UNFPA support for leadership and participation contributed to sexual and reproductive health information provision, it was not strategically designed to complement and strengthen utilisation (via referral for example) of youth friendly health services or greater inclusion of marginalised and vulnerable adolescents and youth particularly girls.[177] There is no evidence that UNFPA promoted mechanisms to institutionalise participation, mobilisation and leadership of young people, and especially marginalised and vulnerable adolescents and youth, in social and political processes at the national or local level. There is also no evidence that UNFPA has identified and facilitated the meaningful participation of marginalised and vulnerable young people in programme design and implementation, or that it has developed the capacity of partners to do so. The significant work done on leadership and participation did not benefit from a broader strategic vision of how adolescents and

[168] Interviews: UNFPA staff, Government. Documents: COAR 2008, p 39.
[169] Interviews: adolescents and youth beneficiaries. Documents: Country Programme Evaluation, 2011
[170] Interviews: UN staff, NGO, adolescents and youth beneficiaries.
[171] Interviews: UNFPA staff (global, regional), UN staff, Donor, adolescents and youth beneficiaries.
[172] Interviews with adolescents and youth beneficiaries revealed that education, employment and financial security are key priorities for young people in Kyrgyzstan.
[173] Interviews: Government (central), Donor, NGO
[174] Interviews: Government (central), Donor, NGO
[175] Interviews: Government (central), Donor, NGO.
[176] Interviews: Government (central), adolescents and youth beneficiaries.
[177] Interviews: Government (central), Donor, NGO, adolescents and youth beneficiaries.

youth programming could reach young people in greatest need with the full array of interventions supported by UNFPA.

Box 9: Revision of the Theory of Change pathway for adolescents and youth leadership and participation

| Modes of Engagement to Output 5[178] |
|---|
| **Output 5**: Strengthened adolescents and youth organisations, networks and institutional structures. In Kyrgyzstan, UNFPA activities clearly focussed on capacity development for youth networks (**Mode of Engagement 1**), especially Y-PEER, as well as advocacy and policy dialogue (**Mode of Engagement 3**) and knowledge development and management (**Mode of Engagement 4**). The facilitation of partnerships (**Mode of Engagement 5**) and mainstreaming of adolescents and youth leadership and participation issues within other programmatic areas (**Mode of Engagement 6**) were less evident. UNFPA support appears to have resulted in strengthening of adolescents and youth organisations and networks, especially Y-PEER, but has not resulted in institutionalised mechanisms for adolescents and youth participation (**Output 5**). |
| **Output 5 to Outcome E[179]** |
| Testing of this pathway highlights that **Outcome E** (increased adolescents and youth participation and leadership) does not reflect a logical effect of **Output 5** (strengthened adolescents and youth organisations, networks and institutional structures). Rather, Outcome E should be revised to capture the idea that meaningful adolescents and youth participation can ensure that adolescents and youth needs and priorities are reflected in sexual and reproductive health policies and programmes.<br><br>In Kyrgyzstan, UNFPA-supported strengthening of adolescents and youth organisations and networks has not facilitated full civil society participation and youth mobilisation – nor is the breadth and scope of UNFPA support for adolescents and youth participation and leadership clear. This suggests the need for revision of **Hypothesis l**[180] to reflect the more logical and specific goal of the integration of adolescents and youth voices in formal decision-making processes – something that has not been realised in Kyrgyzstan. While it is difficult to assess the degree to which UNFPA support has caused adolescents and youth organisations to prioritise sexual and reproductive health in Kyrgyzstan, it does appear that Y-PEER has facilitated increased recognition of adolescents and youth needs in national laws and policies (**Hypothesis k**).[181] Furthermore, the Kyrgyzstan case study highlights that marginalised and vulnerable young people, including young populations at risk of HIV and adolescent girls, were not clearly included in UNFPA-supported activities to increase adolescents and youth participation. **Hypothesis j**[182] should therefore be included in this pathway, but modified to include adolescent girls as active agents for change, rather than passive beneficiaries of programming, in accordance with UNFPA principles. |

[178] Output 5: Strengthened adolescents and youth organisations, networks and institutional structures.
[179] Outcome E: Increased adolescent and youth leadership and participation.
[180] Hypothesis l: Full civil society participation and youth mobilisation is facilitated.
[181] Hypothesis k: Engaging in sexual and reproductive health is a priority for adolescents and youth-focused organisations and groups.
[182] Hypothesis j: Adolescent girls participate in programmes as beneficiaries.

## 5.3 Efficiency

| **EQ6: To what extent were resources (human, financial, administrative) available, optimised and utilised to achieve the expected results in relation to UNFPA support to adolescents and youth?** |
|---|
| Summary of findings |
| Increased priority for adolescents and youth programming under the current UNFPA strategic plan has not been matched with sufficient financial and human resources in Kyrgyzstan. Although a technically skilled staff is in place, the UNFPA youth specialist has multiple competing areas of responsibility, and staff expertise in the area of policy development is less apparent. Furthermore, there is a disjuncture between expectations as outlined in UNFPA global strategies and actual financial resources made available for adolescents and youth programming, although additional funding permitted UNFPA to respond to the 2010 humanitarian crisis in the south and resource utilisation has been optimised.<br><br>Specifically, constrained resources have limited UNFPA capacity to maintain monitoring and evaluation of programme investments, despite the existence of monitoring mechanisms. As such, collection, analysis, use and dissemination of data to improve adolescents and youth interventions is not systematic, with implications for the quality of UNFPA-supported youth-friendly health services in particular. In addition, as activities supporting adolescents and youth leadership and participation are not adequately captured by the strategic plan results framework, current reporting does not sufficiently reflect programming and thus progress in this area.<br><br>Critical to planning and programming under the current resource constraints and changing political context, is country-specific prioritisation and strategic planning. A country-specific strategic framework such as a Theory of Change to guide UNFPA programming for adolescents and youth within increasingly constrained environments was not evident, despite internal recognition of the importance accorded to adolescents and youth needs in UNFPA strategies and policies.[183]<br><br>The Eastern Europe and Central Asia Regional Office of UNFPA has provided technical support to the UNFPA country office in Kyrgyzstan on sexual and reproductive health-related issues, including gender-responsive approaches and removing legal and policy barriers through constructive policy change, but not specifically for adolescents and youth programming during the evaluation period. Specific guidance on incorporating human rights and culturally sensitive approaches was not apparent. |

### *5.3.1 Availability and optimal utilisation of human and financial resources to support adolescents and youth programmes[184]*

Overall, adolescents and youth expenditures of around USD 1,603,545 for the period 2008-2014 amounted to roughly 20 per cent of total expenditures. Atlas data show an increasing commitment to adolescents and youth programming over the evaluation period, largely financed by core funds (approximately 55 per cent of total adolescents and youth expenditure), but by relatively large

[183] Interviews: UNFPA staff. See Section 5.3.1 for further information.
[184] Evaluation assumption 6.1.

earmarked contributions from the Peace-building Fund.

However, compared to its rising corporate strategic priority, funding for adolescents and youth in Kyrgyzstan, and particularly the availability of core resources (approximately USD 237,461 in 2014), was considered low by stakeholders.[185] This was ascribed to a combination of factors such as a shrinking corporate budget in absolute terms for adolescents and youth programming at country level; a reduced programme budget for the country programme due to Kyrgyzstan's categorisation as an "orange" country;[186] and the scarcity of donors in Central Asia that support sexual and reproductive health programming.[187]

Restricted funding for adolescents and youth programming has created managerial challenges for UNFPA to ensure the quality and continuity of programmes. The few resources available were used to maintain meagre inputs such as modest training, reprinting materials and meetings, but no longer for effective monitoring of outputs. As a result, the reprioritised programme funds for partners limited capacity to maintain programme focus, sustainability, monitoring and evaluation, particularly for health service provision.[188] UNFPA monitoring visits with the Ministry of Health, for example, have not taken place for more than a year, which has affected accountability for the quality of service provision through regular health system mechanisms.[189] Moreover, retraining of health providers and supervision of the content of sexual and reproductive health education within youth friendly health services has not been quality assured. Funds available in more recent years (2012-2014) have been focused on sexual and reproductive health in the context of peace-building among youth in the south of Kyrgyzstan. Some stakeholders felt that funding possibilities such as those offered by peace-building funds could be further used in future to expand UNFPA work on adolescents and youth more broadly.[190]

Utilisation of funds has been optimised, as evidenced by very high implementation rates (see Section 4.2). No systematic administrative constraints or deficiencies were identified. Only a few implementing partners in Kyrgyzstan have undertaken and managed parts of adolescents and youth programming according to the National Execution (NEX) modality – i.e., Y-PEER (2010-2012 and 2014), Reproductive Health Alliance (2010/2011) and the Centre for Research of Democratic Processes (2012).[191]

UNFPA has maintained a youth specialist on its staff since 2008. The current youth specialist has been in her position since 2010. Apart from the targeted adolescents and youth project portfolio, she is responsible for mainstreaming adolescents and youth sexual and reproductive health in other programme components. In addition, there was also a National programme analyst on Gender, Youth, Advocacy and Communication who also covered the respective areas.[192] The current UNFPA programme staff is respected technical counterparts to government and other partners, but their contribution to policy development was less often acknowledged.[193]

[185] Interviews: UNFPA staff, Government, NGO.
[186] Under the Business Model of the 2014 – 2017 UNFPA Strategic Plan, countries were classified into colour quadrants according to their needs and ability to finance programming. "Orange" countries, including the Kyrgyz Republic, are expected to focus their support on advocacy and policy dialogue / advice, knowledge management, and capacity development, but not service delivery. Document: Annex 3 and 4 to the UNFPA Strategic Plan, 2014 – 2017.
[187] Interviews: UNFPA staff.
[188] Interviews: UNFPA staff, adolescents and youth beneficiary.
[189] Service provision standards and norms had not been instituted by the Government because they would necessitate government funding for aspects of YFHS that they deemed unaffordable.
[190] Interviews: UNFPA staff, UN staff.
[191] Atlas data compiled by UNFPA Evaluation Office (see Section 4.2) and Annex 3.
[192] Interviews: UNFPA staff, Government, NGO.
[193] Interviews: UN staff, Government, Donor, NGO.

### *5.3.2 Systems (including monitoring and evaluation) to gather data, evidence and lessons learned*[194]

UNFPA in Kyrgyzstan has established monitoring systems, including participatory annual reviews that inform programme implementation.[195] However, de-prioritisation of regular monitoring due to funding limitations has reduced the opportunity for sharing and documenting best practices, especially for youth friendly health services.[196] As a result, programming and implementation are not systematically informed by analysis of lessons learned and best practices.[197] Though some exchanges of good practices and successful models have been conducted between programme sites, collection and use of adolescents and youth monitoring data was not consistent, for example to measure change in access to services for young people over time.[198] As a result, insufficient monitoring has created programmatic gaps and a lack of knowledge about the effectiveness of current adolescents and youth support.[199] Indeed, the 2011 country programme evaluation recognised the need for improved monitoring, exchange of best practices and lessons learned.[200]

Regarding systems for reporting purposes, country office annual monitoring reports are not structured along the country programme action plan results framework, but the UNFPA strategic plan results framework. In the case of adolescents and youth leadership and participation this presents challenges, because the strategic plan results framework does not adequately reflect the work that is being done in country. For example, UNFPA staff interpret the indicators related to participatory platforms narrowly (strictly related to mobilising adolescents and youth for sexual and reproductive health and not more broadly as explained in indicator guidance documents to cover promotion of participation of adolescents and youth generally in policy dialogue), thus making data collected inadequate to capture progress in the area. More substantive information on which adolescents and youth were reached, how they were reached and to what benefit was also not collected in a manner that would allow its dissemination and use to improve adolescents and youth programming.[201]

### *5.3.3 Advice, guidance and training to UNFPA country offices by headquarters and regional office for adolescents and youth interventions*[202]

UNFPA in Kyrgyzstan has not specifically received technical assistance and guidance to adapt and implement adolescents and youth sexual and reproductive health interventions, although other support has been received from the UNFPA Eastern Europe and Central Asia Regional Office on various themes – for example, training on demographic projections in 2013, on gender transformative programming in 2014, and on general sexual and reproductive health issues including policy development.[203] No examples of guidance and support specifically on the incorporation of human rights and culturally sensitive approaches for adolescents and youth programming were identified during the evaluation period (though regional activities to support implementation of sexual and reproductive health education and information was noted in 2015).

Nonetheless, generally speaking, staff members were very satisfied with the extent and nature of

[194] Evaluation assumption 6.2.
[195] Interviews: UNFPA staff, Donor, NGOs.
[196] Interviews: UNFPA staff, NGO.
[197] Interviews: UNFPA staff, NGOs.
[198] Interviews: UNFPA staff, Government.
[199] Interviews: UNFPA staff, Government, NGOs.
[200] Documents: Mindy (2011), p.9. Country Programme Evaluation, 2011.
[201] Interviews. Documents.
[202] Evaluation assumption 6.3.
[203] Documents: COAR 2013, p. 18; COAR 2012 p 6; COAR 2014, p. 18

support received from their regional office.[204] For example, in 2014, the regional office of UNFPA collaborated with the Asian Forum of Parliamentarians on Population and Development to organise a one-day workshop on reproductive health law development. This regional training helped the Kyrgyz delegation with the revision of the Reproductive Rights Law for Kyrgyz parliamentarians, civil society representatives and UNFPA during a time of heated debates over sensitive issues.[205]

The UNFPA cluster approach, introduced globally in 2012, aimed to foster better programme integration and strategic alignment focusing on two areas: women's reproductive health, and adolescents and youth.[206] In Kyrgyzstan, although UNFPA staff recognised the need for improved programmatic coordination and alignment in the area of adolescents and youth, the cluster approach was not successfully implemented due to a lack of clear guidance from headquarters on how to do so and insufficient resources to allow the necessary increased investment in adolescents and youth programming.[207] Despite a global Theory of Change, the opportunity afforded by the Cluster approach to programming for adolescents and youth, and resource limitations, UNFPA did not use these impetuses for greater prioritisation and strategic thinking on how to re-programme for adolescents and youth within an increasingly constrained environment - despite internal recognition of the importance accorded to adolescents and youth needs in UNFPA strategies and policies.[208]

[204] Interviews: UNFPA staff.
[205] Document: Cluster Approach.
[206] Documents: http://www.unfpa.org/press/unfpa-and-emerging-development-agenda
[207] Interviews: UNFPA staff.
[208] Interviews: UNFPA staff. See Section 5.3.1 for further information.

## 5.4 Partnership, coordination and comparative advantage

| **EQ7: To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance adolescents and youth issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes?** |
|---|
| Summary of findings |
| UNFPA has a clear comparative advantage in Kyrgyzstan in the area of women's health and sexual and reproductive health, including adolescents and youth sexual and reproductive health. It has used this advantage to provide technical and political leadership to advance the adolescents and youth agenda in Kyrgyzstan, by participating in (and in some cases, chairing) national coordination mechanisms, and supporting legal and policy developments. In particular, UNFPA has played an important leadership role within the UNCT as chair of the UN Youth Theme Group, the impact of which, however, was constrained by an insufficiently strategic approach.<br><br>UNFPA has facilitated coordination and partnerships for adolescents and youth initiatives, and is perceived as key partner in the area of adolescents and youth in Kyrgyzstan. However, coordination mechanisms have not been embedded beyond the UN system, and opportunities for leveraging funds and exploring synergies have also been limited by a scarcity of donors for adolescents and youth initiatives in the country. Nonetheless, UNFPA has worked closely with government as well as the Deutsche Gesellschaft für Internationale Zusammenarbeit and has received funding from Finland, UNAIDS and the Peacebuilding Fund for adolescents and youth programmes.<br><br>South-South cooperation is viewed as the responsibility of the regional office by the UNFPA country office in Kyrgyzstan. As such, the exchange of knowledge and lessons learned (beyond their participation in the Asia Parliamentarians' Forum where further impetus was given on how to advocate for the reproductive rights law) has not been used by UNFPA to develop more effective adolescents and youth programmes in Kyrgyzstan. |

### *5.4.1 Technical and political leadership for advancing the national adolescents and youth agenda*[209]

UNFPA has provided technical and political leadership to advance the national adolescents and youth agenda in Kyrgyzstan, including by participating in national mechanisms for adolescents and youth priority setting. UNFPA is the chair of the United Nations Youth Theme Group, and has provided substantive technical as well as administrative contributions to the work undertaken by the Group.[210] However, the group was not always strategic in using existing cooperation mechanisms (e.g., the UNDAF) to create new concepts and frameworks for working on adolescents and youth issues with different ministries and other partners.[211] UNFPA is also an active member of the UN Theme Group on Gender, chaired by UN Women, where it plays a leading role in preventing and responding to violence against women and girls.[212]

[209] Evaluation assumption 7.1.
[210] Interviews: UNFPA staff. Documents: UN Theme Group Youth minutes 2010, 2011, 2012, 2013, 2014. COAR 2013, p 5.
[211] Interviews: UN staff.
[212] Interview: UNFPA staff, UN staff.

UNFPA in Kyrgyzstan is considered to have a comparative advantage in advancing women's health, more specifically adolescents and youth sexual and reproductive health.[213] Stakeholders recognised UNFPA leadership and visibility at the policy and operational levels, for example in UNFPA support for the recent Reproductive Rights Law as well as its support for youth-friendly health services and healthy life skills education.[214] However, evidence suggests missed opportunities for UNFPA when it comes to leading on politically and / or culturally sensitive human rights issues, particularly on sexuality and other issues.[215]

Outside the health and vocational education sectors, UNFPA played an important role in national deliberations and efforts to develop a youth strategy in close collaboration with national youth led organizations and networks. UNFPA convened the UN Youth Theme Group and worked with other partners contributing to the first stand-alone strategy, which was later incorporated into the Youth Strategy 2020. [216]

### *5.4.2 Coordination, multi-sectoral partnerships and South-South collaboration to promote and utilise synergies at country level[217]*

UNFPA has facilitated coordination and partnerships for adolescents and youth initiatives, and is perceived as key partner in the area of adolescents and youth in Kyrgyzstan.[218] UNFPA has played a key leadership and coordination role within the United Nations Country Team in the area of youth; specifically for gender issues (see Section 5.4.1 for further discussion).[219] Outside the UN system, however, there were no existing coordination mechanisms for adolescents and youth support, although the creation of multi-sectoral thematic working groups, was under discussion, with one already established for maternal health.[220]

Few donors prioritise adolescents and youth and sexual and reproductive health in Kyrgyzstan, limiting options for pooling of resources and donor coordination mechanisms.[221] UNFPA country office, was, however, able to facilitate project funding from Finland, UNAIDS and the Peace-building Fund. Furthermore, UNFPA has on occasion worked closely with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ): There is evidence that synergies between the two organisations were used to promote the incorporation of youth issues in the National Public Health Strategy 2020. Similarly, efforts were coordinated for healthy lifestyle education, where UNFPA focussed on vocational education and GIZ supported initiatives in secondary education, thus limiting overlap between activities.[222]

Evidence shows there is a lack of clarity on the concept and utilisation of South-South cooperation as a cross-cutting modality, particularly as to whether it is something conducted internally within the country or with neighbouring countries as was arranged, for example, by the International Planned Parenthood Federation (IPPF) between affiliated member organisations, including the Reproductive

[213] Interviews: UN staff, Government, Donor.
[214] Interviews: UN staff, Government (central), NGOs, adolescents and youth beneficiaries.
[215] Interviews: Government, adolescents and youth beneficiaries.
[216] Interviews: NGOs, adolescents and youth beneficiaries.
[217] Evaluation assumption 7.2.
[218] Interviews: UN staff, Government, Donor.
[219] Interviews: UNFPA staff, UN staff
[220] Interviews: UN staff, Government, Donor.
[221] This issue is further discussed in Sections 5.2.2 and 5.3.1.
[222] Interviews: UNFPA staff, Donor, NGO.

Health Alliance of Kyrgyzstan (which is supported by UNFPA).[223] As such, the exchange of knowledge and lessons learned has not been systematically used by UNFPA to develop more effective adolescents and youth programmes in Kyrgyzstan – just one example each of South-South cooperation coordinated by the UNFPA country office and the Eastern Europe and Central Asia Regional Office were identified (e.g. Asia Parliamentarians' Forum).[224]

[223] Interviews: UNFPA staff, NGOs.
[224] Interviews: Government. Documents: COAR 2012, p 19.

# 6 Action-oriented suggestions for UNFPA in Kyrgyzstan

| **1. Greater strategic focus, monitoring and evaluation to maximise existing programmes for adolescents and youth particularly the most vulnerable and marginalised** |
| --- |
| Diminishing resources should not necessarily reduce effectiveness of programmes. UNFPA Kyrgyzstan should engage more strategically with partners to prioritise adolescents and youth interventions, approaches and investments to maximise effect, given the changing political landscape, evidence of what works, partner capacities and government role and responsibilities. Programme should reflect current needs and the international evidence on which approaches are most effective. Reorientation of the programme and building on UNFPA added value in concert with partner contributions could help to achieve greater reach and sustainability of results for adolescents and youth. For example, emphasis on peer based approaches should be critically assessed to know whether they continue to be effective in reaching the target populations. Greater strategic focus should be coupled with better monitoring, evaluation and documenting of lessons learned. Through collective strategic planning, adolescents and youth stakeholders in Kyrgyzstan could maximise resources, and inputs to better reach marginalised and vulnerable adolescents and youth particularly girls that are, at present, under attended to in existing programmes. |

| **2. Improve the collection, analysis and use of disaggregated data to close the information gap and better target programming for adolescents and youth** |
| --- |
| UNFPA should work to improve the availability and use of age- and sex- disaggregated data to ensure that adolescents and youth programming is evidence-based and needs driven. “Youth in Kyrgyzstan” was an excellent example of what could be done although definitional issues around age and restrictions on data from the government results in gaps of information and uniformity with international definitions of adolescents and youth. Further, greater systematic attention to conducting and using information from situation analyses and needs assessments supported by UNFPA should be used to identify and programme strategically to reach the most marginalised and vulnerable young people, including adolescent girls. Lack of data on child marriage should be actively collected to inform programmes. Detailed analysis of youth data related to use of youth-friendly health services (including financial and organisational constraints within the health insurance system) packaged to reach policy-makers and youth organisations, would support the institutionalisation and prioritisation of these services, and provide critical information to improve their reach and accessibility particularly for the most marginalised. |

**3. Build on existing support to youth-friendly health services to realise truly accessible, high quality, sustainable services for young people**

UNFPA has provided significant support for the establishment of youth-friendly health services to date. However, existing protocols, guidelines and standards have not been fully implemented to ensure services are of high quality, and barriers to access remain for many young people. UNFPA should consider how it could strategically build on its support for youth-friendly health services by working in partnerships to improve the quality and accessibility of supported services, while developing national ownership and sustainability. Examples of government-supported youth friendly health services led by committed providers with support from hospital leadership could be used as a model for other facilities, to demonstrate resource leveraging and service organisation to better serve the needs of adolescents and youth.

**4. Further pursue partnerships to broaden the reach of sexual and reproductive health education and information via healthy lifestyle education**

The Healthy Lifestyle education strategy, successfully introduced in the Kyrgyz educational system and vocational education system, has wide acceptability and strong potential to reach a broader audience, due to strong multi-sector partnerships. Such an approach should be further pursued to reach adolescent girls and other vulnerable young people with sexual and reproductive health education and information. Limited resources had curtailed the reach of this important programme. Specifically, UNFPA should continue to work closely with the Deutsche Gesellschaft für Internationale Zusammenarbeit to mobilise the resources needed to expand the curriculum to general secondary schools and ensure the programme is maintained in the vocational educational system. Partnerships with faith-based organisations should also be managed and strengthened to broaden the reach and acceptability of sexual and reproductive health education and information in Kyrgyzstan, with guidance from the Regional Office and Headquarters to set parameters and mitigate any risks associated with this approach.

**5. Promote the establishment of a multi-sectoral working group on adolescents and youth**

UNFPA is recognised as a leader and key partner for adolescents and youth issues related to sexual and reproductive health in Kyrgyzstan. UNFPA could use this comparative advantage to work within the United Nations Country Team to establish and/or lead a multi-sectoral working group on adolescents and youth, taking UNFPA beyond its current sexual and reproductive health focus to lead more broadly on adolescents and youth issues. This would provide a platform for coordinating the work of partners working on adolescents and youth issues in the country, thus optimising the use of scarce resources. It would also help exploit potential synergies and linkages between support for youth-friendly health services, sexual and reproductive health education and information and adolescents and youth leadership and participation, which have been under-explored to date. UNFPA should use such convening platforms to meaningfully involve adolescents and youth in the exploration of needs, discussion and design of programmatic solutions, monitoring and evaluation of interventions and ultimately as genuine policy-shapers and programme decision-makers as encouraged in the current Strategic Plan (2014-2017).

# 7 Key considerations for the evaluation of UNFPA support to adolescents and youth

| **CONSIDERATION 1: Weaknesses in strategic planning and reporting on adolescents and youth leadership and participation** |
| --- |
| The current Strategic Plan provides insufficient guidance on and lacks expected results and indicators related to adolescents and youth leadership and participation, beyond a focus on participatory platforms. The UNFPA Strategy on Adolescents and Youth, meanwhile, focuses an entire prong on adolescents and youth leadership and participation, but does not specify outcome goals beyond the delivery of "gender-balanced and diverse groups of youth able to advocate effectively for their generation and the future".[225] In both of these strategic documents, support for adolescents and youth leadership and participation is not explicitly related to sexual and reproductive health yet in Kyrgyzstan, leadership and participation are narrowly interpreted in this way demonstrating a lack of common understanding and purpose on a key strategic area of work for adolescents and youth. Further, guidance on how to report on indicators within existing monitoring tools such as the SIS, is not evidently consulted, as reporting is inconsistent and demonstrates a lack of understanding of the intent of this strategic area of work.<br><br>As a result, UNFPA activities in this area require broader strategic planning to ensure programmatic support for leadership and participation of adolescents and youth remains relevant within the mandate of UNFPA. UNFPA should therefore carefully consider through a strategic planning exercise (as was done for the global Theory of Change), how best to support adolescents and youth leaders and their organisations. UNFPA should consider whether it should narrowly focus on adolescents and youth leadership and participatory platforms related to sexual and reproductive health, or if– in line with the priorities of many young people – it should take a broader approach to empowering adolescents and youth. This decision must consider increasingly limited resources, and the mandate of other adolescents and youth stakeholders, as well as the sexual and reproductive health mandate of UNFPA itself. Subsequently, further clarification and guidance (supplemented by targeted indicators) will be needed from global and regional levels to support countries to be more strategic and effective in programming for adolescents and youth leadership and participation, considering specific contextual factors including the demographic dividend. |

[225] The relevant strategic intervention listed in the outcome theory of change for the 2014 – 2017 UNFPA Strategic Plan is: "Convene partners on adolescent and youth issues to establish participatory platforms to advocate for increased investments in marginalised adolescents and youth within development policies and programmes." (Document: Annex 2 to the UNFPA Strategic Plan, 2014 – 2017, p. 10). The relevant indicator in the Integrated Results Framework is Outcome 2, Output 6, Indicator 6.1: "Number of countries with participatory platforms that advocate for increased investments in marginalised adolescents and youth, within development and health policies and programmes." (Document: Annex 1 to the UNFPA Strategic Plan, 2014 – 2017, p. 10). The UNFPA Strategy on Adolescents and Youth, however, focuses one prong on youth leadership and participation (prong V). Here too, however, the core activities suggested are non-specific ("consult youth", "advocate for youth participation", "skills training for youth advocates" and "technical and financial support for youth organising and advocacy") with the goal of delivering "gender-balanced and diverse groups of youth able to advocate effectively for their generation and the future." (Document: UNFPA Strategy on Adolescents and Youth, p. 15).

**CONSIDERATION 2: Evidence-based, mutually reinforcing and interlinked approaches to adolescents and youth programming**

UNFPA support for adolescents and youth education and information provision whether in schools, in connection with services, or through leadership and participation activities often focuses on YPEER or similar youth organisations, with a concurrent emphasis on peer education. In some cases, this approach has been emphasised even where UNFPA may have partnered with other, existing youth platforms, or where approaches other than peer education are likely to have been more effective for delivering sexual and reproductive health education and information to young people. For example, in Kyrgyzstan, work with a faith based organisation that is highly appreciated by religious adolescents and youth and communities alike is implemented as a subcontract through YPEER rather than as a stand-alone approach to expanding the reach of UNFPA through alternative programming. UNFPA reliance on peer education, an outreach modality that has been under scrutiny in recent years, compromises effectiveness, limits innovation and jeopardises reach, especially for the harder to reach populations such as the more religious adolescents and youth living within more closed communities where peer education has a mixed track record. Guidance and strategic thinking are needed to ensure that UNFPA support is targeted to support diverse, locally appropriate adolescents and youth education and information provision including through participatory community platforms. Furthermore, UNFPA interventions for sexual and reproductive health education and information and sexual and reproductive health services should be coordinated to ensure cross-referral occurs and that education efforts translate into improved health behaviours and use of services. Adolescents and youth should be included in the design and implementation of programmes that affect them, while ensuring that all UNFPA-supported activities are evidence-based and effective.

**CONSIDERATION 3: Disconnect between strategic planning and funding availability**

The priority placed on adolescents and youth needs within UNFPA strategies has not been supported by an increase in available funding, which has affected UNFPA relevance, credibility and focus. Reduced resources require recalibration and review of support modalities to ensure investments are strategic, timely, effective and sustainable. Strategic priorities need to be supported with adequate resources to allow engagement in strategic interventions at scale, including policy dialogue and capacity building.

**CONSIDERATION 4: Greater efforts are needed for the production, analysis and use of data and needs assessments to inform priority-setting and programming for adolescents and youth, particularly the most vulnerable.**

Significant gaps in disaggregated data on adolescents and youth remain, especially for 10 – 14 year olds and adolescent girls. Where data exist, they are often insufficiently used to identify and prioritise the most marginalised and vulnerable adolescents and youth. Lack of strategic planning and design for collection and analysis of data limits the full use and potential of such data for advancing policies and programming. Furthermore, needs assessments are not systematically conducted to set priorities in programming, and young people are not involved beyond consultation in strategic thinking for the design and use of data to advance adolescents and youth programming.

UNFPA should better plan and focus their support for the production, analysis and use of data, especially to identify and better understand the needs of the most vulnerable young people, to ensure relevance, appropriate priority-setting and increasing effectiveness of its support to adolescents and youth.

**CONSIDERATION 5: Prioritise monitoring and evaluation for institutional learning and more effective programming**

Monitoring and evaluation of adolescents and youth interventions has been insufficiently prioritised by UNFPA, especially where funding for programming is limited. This has created programmatic gaps and a lack of knowledge about the effectiveness of current adolescents and youth support. Despite a performance indicator on South-South cooperation in the current UNFPA Strategic Plan,[226] this important modality for improving programming and benefiting from learning remains under-utilised. UNFPA should ensure that sufficient financial and human resources are available for monitoring and evaluation at the country level, South South Cooperation at regional level, and general guidance and oversight are provided to ensure that lessons learned are used to improve future programming.

**CONSIDERATION 6: Partnering to implement a human-rights based approach while respecting cultural diversity brings risks and opportunities that need careful management**

Reaching out to religious leaders and faith-based organisations has great potential to help create an enabling environment and achieve normative change for adolescents and youth, especially adolescent girls. However, such engagement also contains risks for the quality of programming and the reputation of the organisation, especially if UNFPA is not able to closely monitor the content of culturally sensitive information, education or other messaging delivered with its support.

More generally, this highlights a tension within the UNFPA mandate: Often, there is a fine balance between upholding a human rights-based approach and respecting local traditions. In some cases, adaptation to the local context may compromise commitment in advocating for human rights of adolescents and youth within UNFPA programmes and interventions. UNFPA should work to develop clear guidance and parameters to manage engagement with faith-based or traditionalist organisations, and more broadly, the implementation of the human rights-based approach in politically or socially constrained contexts. UNFPA will need to be more directive to senior management at country level on how to balance such tensions within their work to ensure that UNFPA does not lose sight of culturally sensitive aspects of its mandate.

[226] Indicator 1.10 of the organisational effectiveness and efficiency outputs: Percentage of UNFPA field units that use south-south or triangular cooperation to achieve results (QCPR).

# Annexes

## Annex 1: Key Country Data

| Country \| KYRGYZ REPUBLIC | | |
|---|---|---|
| Geographical location | • Eastern Europe and Central Asia | |
| Land area | • Approximately 198,000 sq km | Food and Agricultural Organisation of the United Nations<br>http://www.fao.org/ag/agp/agpc/doc/counprof/kyrgi.htm |
| Terrain | • Kyrgyzstan is bordered by 4 countries (China, Kazakhstan, Tajikistan and Uzbekistan) | Food and Agricultural Organisation of the United Nations<br>http://www.fao.org/ag/agp/agpc/doc/counprof/kyrgi.htm |
| **People** | | |
| Population | • 5,719,600 (2013)<br><br>The Kyrgyz Republic's population is distributed unevenly around the country's territory. The urban population of the republic lives in 25 cities and towns, 28 urban-type settlements, and three villages. Over 90 per cent of the urban population lives in cities/towns, with the rest in settlements and villages. The rural population lives in 440 village districts (local communities) which are made up of 1,834 villages. | • The World Bank Group – World Data Bank 2015<br>• http://databank.worldbank.org/data/views/reports/tableview.aspx<br>• 2009 Kyrgyz Population and Housing Census |
| Population growth rate (average annual) | • 2 per cent (2013) | • The World Bank Group – World Data Bank 2015<br>• http://databank.worldbank.org/data/views/reports/tableview.aspx |

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| Urban population | • 35.5% (2,029,486) of total population | • World Bank 2015 |
| Net migration rate | • -175,003 (2012) | • World Bank 2015 |
| Population ages | • 0-14 years: 30.4%<br>• 15-64 years: 65.5%<br>• 65 and above: 4.2%<br>(2013)<br><br>**2009 census (population: 5,362,793)**<br>• 0-4 years: 10.7%<br>• 5-9 years: 9.3%<br>• 10-14 years: 10.2%<br>• 15 years: 2.2%<br>• 16-19 years: 9.2% | • World Bank 2015<br><br>• 2009 Kyrgyz Population and Housing Census |
| Median age | • 25.1 years (2015 estimate) | • United Nations Development Programme<br>• http://hdr.undp.org/en/countries/profiles/KGZ |
| Religion | | • |
| Languages | Kyrgyz (official) 64.7%, Uzbek 13.6%, Russian (official) 12.5%, Dungun 1%, other 8.2% (1999 census) | • 2009 Kyrgyz Population and Housing Census |
| Ethnicity | • Ethnic groups: Kyrgyz, 70.4%; Uzbek, 14.3%; Russian, 7.7%, Dungan, 1.1%; other, 5.9% ((includes Uyghur, Tajik, Turk, Kazakh, Tatar, Ukrainian, Korean, German) | • 2009 Kyrgyz Population and Housing Census |
| **Government & Politics** | | |
| Government | Government type: republic; authoritarian presidential rule, with little power outside the executive branch. President elected by popular vote for a five-year term. Election last held on 26 April 2015 (next to be held in 2020); prime minister and deputy prime ministers appointed by the president. | • European Forum for Democracy and Solidarity http://www.europeanforum.net/country/kyrgyzstan |
| Key political events | Most of Kyrgyzstan was formally annexed to Russia in 1876. The Kyrgyz staged a major revolt against the Tsarist Empire in 1916 in which almost one-sixth of the Kyrgyz population was killed. Kyrgyzstan became a Soviet | • European Forum for Democracy and Solidarity<br>http://www.europeanforum.net/country/kyrgyzstan |

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| | republic in 1936 and achieved independence in 1991 when the USSR dissolved. Nationwide demonstrations in the spring of 2005 resulted in the ousting of President Askar AKAEV, who had run the country since 1990. Former prime minister Kurmanbek BAKIEV overwhelmingly won the presidential election in the summer of 2005. Over the next few years, he accrued new powers for the presidency. In July 2009, BAKIEV won re-election in a presidential campaign that the international community deemed flawed. In April 2010, violent protests in Bishkek led to the collapse of the BAKIEV regime and his eventual fleeing to Minsk, Belarus. His successor, Roza OTUNBAEVA, served as transitional president until Almazbek ATAMBAEV was inaugurated in December 2011, marking the first peaceful transfer of presidential power in independent Kyrgyzstan's history. | |
| Seats held by women in national parliament | • 23.3% (2013) | • Human Development Indicators 2014 |
| **Economy** | | |
| Income Group (The World Bank List) | • Lower middle income country (2014) | • World Bank 2015 |
| Main industries | • Agriculture, hunting & forestry; repair of vehicles/household/consumer goods; education; processing industry; transport & communication; construction | • 2009 Kyrgyz Population and Housing Census |
| GPD per capita PPP USD | • 3212.8 (2013) | • World Bank 2015 |
| GPD growth rate (at constant 2005 prices (annual %)) | • 625.2 (2013) | • World Bank 2015 |
| **Social Indicators** | | |
| Human Development Index (HDI) and rank | • 0.628 (2014)<br>• Rank: 125 out of 187 countries | Human Development Indicators 2014<br><br>https://data.undp.org/dataset/HDI-Indicators-By-Country-2014/5tuc-d2a9? |

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| Poverty headcount ratio (at national poverty lines (% of population)) | • 37 (2013) | • World Bank Data 2015 |
| Unemployment (total (% of total labor force)) | • 8.3 (2013) | • World Bank Data 2015 |
| Ratio of youth unemployment rate to adult unemployment rate, both sexes (Age 15-24) | • 1.9 (2013 estimate) | • United Nations Statistics Division<br><br>http://data.un.org/Data.aspx?d=MDG&f=seriesRowID%3A671 |
| Unemployment, youth total (% of total labor force ages 15-24) | • 8.6% (2009) | • 2009 Kyrgyz Population and Housing Census |
| Life expectancy at birth, both sexes (years) | • 67.53 | Human Development Indicators 2014 |
| Under 5 mortality (per 1,000 live births) | • 24.2 (2013) | • World Bank 2015 |
| Maternal mortality (deaths of women per 100,000 live births) | • 49.1 (2012) | • World Bank 2015 |
| Fertility rate total | • 3.2 (2013) | • World Bank 2015 |
| Death rate, crude (per 1,000 people) | • 6.1 (2013) | • World Bank 2015 |
| Physicians density (per 1000 people) | • 2.0 (2013) | • World Bank 2015 |
| Health expenditure, total (% of GDP) | • 6.67% (2013) | • World Bank 2015 |
| Births attended by skilled health personnel, % | • 99.1 (2012) | • World Bank 2015 |

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| Percentage of women age 15-49 who have had at least one induced abortion | • 18 (2012) | • Kyrgyz Republic Demographic and Health Survey 2012 |
| Contraceptive prevalence rate (age 15-49) | • 36.3 (women) (2012) | • World Bank Data 2015 |
| Unmet need for contraception (% of married women ages 15-49) (year/%) | • 18 (2012) | • World Bank Data 2015 |
| Prevalence of HIV, total (% of population ages 15-49) | • 0.2% (2013) | • World Bank 2015 |
| Prevalence of HIV, both sexes (% ages 15-24) | • Female 0.1 (2013)<br>• Male 0.3 (2013) | • World Bank 2015 |
| Gender inequality index (GDI) and rank | • Value: 0.348<br>• Rank: 64<br>(2013) | • UNDP Human Development Reports http://hdr.undp.org/en/content/table-4-gender-inequality-index |
| Gender-based-violence (% women aged 15-49) | • Country Programme document states that "precise data on gender-based violence is lacking, domestic violence, early marriage and bride-kidnapping are known to be pervasive" | • UNFPA CDP 2012-2016 |
| Adult literacy rate | • 99.24% (2009) | • World Bank 2015 |
| Individuals using the internet | • 23.4% (2013) | • International Telecommunications Union |
| Mobile cellular subscription (per 100 people) | • 121.4 (2013) | • World Bank 2015 |
| **Youth and Adolescents** | | |
| Population aged 10-19, Thousands 2012 | • 1046.6 (2012) | • UNICEF<br><br>http://www.unicef.org/infobycountry/kyrgyzstan_statistics.html |

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| Population aged 10-19, Proportion of total population (%) | • 19.1 (2012) | • UNICEF |
| Adolescent fertility rate (births per 1000 women ages 15-19) | • 28.2 (2013) | • World Bank 2015 |
| Births by age 18 (%) | • 2.3 (2008-2012) | • UNICEF |
| Adolescents currently married/ in union (%), female (15-19 years) | • 7.5% (22,884 official: 16,588; unofficial:6,296) | • 2009 Kyrgyz Population and Housing Census |
| Contraceptive prevalence, among girls aged 15-19 (year/%) | • 36.3 (2012) | • World Bank 2015 |
| Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant) | • 6.3 (2012) | • World Bank 2015 |
| Unmet need for contraception | • 18 (% of married women ages 15-49) (2012) | • World Bank 2015 |
| Adolescent fertility rate (births per 1,000 women ages 15-19) | • 28.2 (2013) | • World Bank 2015 |
| Justification of wife-beating among adolescents (%), female | • 24.6% | • Kyrgyz Republic Demographic and Health Survey 2012 |
| Comprehensive knowledge of HIV amongst those aged 15-19, female (%) | • 14% | • Kyrgyz Republic Demographic and Health Survey 2012 |
| School enrolment, primary (% gross) | • 105.9 (2012) | • World Bank 2015 |
| School enrolment, secondary (% gross) | • 88.2 (2011) | • World Bank 2015 |

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| Use of mass media among adolescents (%), female | • No info | • UNICEF |
| **adolescents and youth laws and polices** | | |
| Insurance coverage (and free coverage) for sexual and reproductive health services for adolescents and youth | • Obligatory Medical Insurance and also other social programs and projects, providing access to reduced price contraceptives | • UNFPA&GIZ. Analysis of the needs and problems of providing the population of the Kyrgyz Republic, including the poor and vulnerable groups by means of family planning for further development of a mechanism for a smooth transition to the government funding procurement 2014. P: 11, 16, 28. |
| Consent restriction for sexual and reproductive health services based on age or marital status | • The age of adolescents to receive medical care and abortion without parental consent was reduced from 18 years to 16 in 2013. | • UNFPA country officeAR 2014, p. 13 |
| Any restrictions on legal abortion | • Abortion is legal since the Soviet Decree of 23 November 1955;<br>• Decree in 1982 which declares the right to abortion.<br>• Ministry of Health Order № 249 from 20.10.1998. The Law of the Kyrgyz Republic of Kyrgyz Citizens Reproductive Rights from 2001 (article 12). The Law about the Health Care of Kyrgyzstan's Population from 1992 (the article 20 of the Part 2). The order of the Health Care Department of Obligatory Medical Insurance Found from 10.07. 2002/№ 167 – which describes the conditions and the procedures:<br>○ Abortion is legal up to 12 weeks at request.<br>○ 12-22 weeks abortion performed at request of patient, often extenuating social reasons<br>○ No limit - If pregnancy is life threatening<br>• Medical abortion is available. | • https://www.womenonwaves.org/en/page/4843/abortion-law-kyrgyzstan |
| GBV criminal code or statuary requirements (e.g. requires medical confirmation of violation) | • February 2013 reform of article 155 of the Criminal Code, to promote eradication of forced abduction of women. Criminal The revised Criminal Code now punishes bride abduction with up to 10 years of jail (compared to 3 year prior to reform) | • http://www.un.org/youthenvoy/2013/09/new-law-in-kyrgyzstan-toughens-penalties-for-bride-kidnapping/<br>• http://www.oecd.org/site/adboecdanti-corruptioninitiative/46816567.pdf |

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| | • Kyrgyzstan developed the National Action Plan 2007-2010 to Achieve Gender Equality (NAP), which includes the strategic goal to “decrease gender-based violence”. Achievement of this goal involves:<br>  o Improving quality services rendered by specialized departments to victims of violence<br>  o Providing psychological services to victims of violence<br>  o Improving collection mechanisms of primary statistical information on the forms and incidences of violence against women<br>• Clause 13 of the National Constitution states that citizens of Kyrgyzstan are subject to equal rights and opportunities irrespective of gender (October 2007).<br>• The national law of the KR, in addition to making “guarantees of gender equality” (2003), further “guarantees equal rights and opportunities for men and women” (2008), identifying definitions of open/hidden gender-based discrimination; the national law, however, does not provide a definition of gender-based violence.<br>• The Criminal Code of the Kyrgyz Republic specifies punishment for the following crimes:<br>  o Clause 124: Recruiting people for exploitation<br>  o Clause 129: Rape<br>  o Clause 130: Violent actions of sexual nature<br>  o Clause 153: Bigamy and polygamy<br>  o Clause 154: Marriage with individuals under the legal age<br>  o Clause 155: Coercion to marriage or hindering the right to marriage (including kidnapping)<br>  o Clause 260: Involvement in the prostitution business | • http://www.un.org/womenwatch/ianwge/taskforces/vaw/kyrgyzstan_baseline_assessment.pdf |
| Marital age | • Under Article 14 of the Family Code, the legal minimum age of marriage is 18 years. | • http://www.girlsnotbrides.org/child-marriage/kyrgyzstan/ |
| FGM restrictions | No information available | |

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|---|---|---|
| Mandatory school drop out if pregnant | No information available | |
| National law or policy covering Asexual and reproductive health and youth participation in governance | • Law On the Fundamentals of State Youth Policy of July 31, 2009; its aim is to create "legal, economic, social and other conditions aimed at realizing the rights and interests of young citizens and youth organizations, and their potential, in the interests of the state and society." Its general goal is to shape "an active civic position and reference points for values among youth, which will ensure the stable, innovative development of the country, its territorial integrity and the cultural identity of the people of Kyrgyzstan." In pursuit of this goal, the law identifies eight sub-goals pertaining to young people:<br>o 1.To create conditions for socialization;<br>o 2.To shape spiritual-moral values and culture;<br>o 3.To improve health and provide access to medical services;<br>o 4.To create conditions for getting an education and professional training;<br>o 5.To facilitate employment and provide social protection;<br>o 6.To realize proposed initiatives beneficial to the public;<br>o 7.To facilitate and create conditions for leisure activity and to develop creative potential;<br>o 8.To involve [young people] in the activities of society and the state and to cultivate civic responsibility.<br>• The Constitution guarantees free public-school education through 11th grade and makes it mandatory through 9th grade. The Law On Education, last amended in 2003, reiterates these provisions and also declares that all citizens have an equal right to education. he Law On Education likewise guarantees the right to free primary vocational schooling, usually begun after the 9th grade, and competitive access to higher education.<br>• Kyrgyzstan has a 2007 Law On Reproductive Rights of Citizens and Guarantees for Their Realization. Like the broader law on health care, this one also does not refer to youth as a separate category. | • http://www.youthpolicy.org/pdfs/Youth_Public_Policy_Kyrgyzstan_En.pdf<br>• http://www.youthpolicy.org/national/Kyrgyzstan_2012_Youth_Policy_Review.pdf |

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|---|---|---|
| Health policies covering Asexual and reproductive health service integration | • Health Reform Programmes Manas (1996 to 2006), Manas Taalimi (2006 to 2010) and Den Sooluk (2012-2016) integrated some provision towards service integration but not specifically for Asexual and reproductive health. | • http://densooluk.med.kg/images/MyFiles/DenSooluk/Densooluk_eng.pdf |
| National strategy for adolescents and youth development, health, education, etc. | • Law On the Fundamentals of State Youth Policy of July 31, 2009, see above | |
| Other relevant laws, polices or regulations facilitating or restricting adolescents and youth sexual and reproductive health and participation | • Law on Reproductive Rights and Guarantees of its Realization of Citizens of Kyrgyz Republic on July 4, 2015. Introduces sexual and reproductive health education and information. | • http://www.afppd.org/en/parliamentarians-action/news/asia-pacific-mps-working-end-aids-epidemic-2-2-2-2/<br>• http://www.unfpa.org/news/sexuality-education-comes-kyrgyzstan |
| **Millennium Development Goals (MDGs) Progress by Goal** | | |
| 1 Eradicate Extreme Poverty and Hunger | Successful | Kyrgyz Republic Third Report on Progress Towards Achieving the Millennium Development Goals 2013<br>http://www.undp.org/content/dam/kyrgyzstan/Publications/povred/KGZ_Third_MDG_Progress_Report_2014_ENG.pdf |
| 2 Achieve Universal Primary Education | Less likely | |
| 3 Promote Gender Equality and Empower Women | Less likely | |
| 4 Reduce Child Mortality | Likely | |
| 5 Improve Maternal Health | Less likely | |
| 6 Combat HIV/AIDS, Malaria and other Diseases | Less likely | |
| 7 Ensure Environmental Sustainability | Likely | |

| | | |
|---|---|---|
| 8 Develop a Global Partnership for Development | Insufficient information | |

## Annex 2: Stakeholder Map

| Stakeholder Group | Type of Organization | Main Level of Operation | Where (if regional) | Main Institutional Capacities | | | | URL |
|---|---|---|---|---|---|---|---|---|
| | | | | Technical Expert Group | Knowledge Sharing & Dissemination | Policy Analysis and Dialogue | Producing Research Evidence | |
| ACTED | INGO | Global | | X | X | X | | http://www.acted.org/en/kyrgyzstan |
| AFEW - AIDS Foundation East-West | | Regional | Six countries: Ukraine, Georgia, Russian Federation, Kazakhstan, Kyrgyzstan and Tajikistan | X | X | X | X | http://www.afew.org/countries/kyrgyzstan/ |
| European Union | Donor | Global | | X | X | X | X | http://europa.eu/index_en.htm |
| The Global Fund to Fight AIDS, Tuberculosis and Malaria | UN Fund/Program | Global | | X | X | X | | http://portfolio.theglobalfund.org |
| GIZ - Deutsche Gesellschaft für Internationale Zusammenarbeit | Donor | Global | | X | X | X | X | https://www.giz.de/en/html/index.html |
| IPPF European Network | Network / Federation | global | | | X | X | | http://www.ippfen.org/ |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| IREX | NGO | global | | X | X | X | X | http://www.irex.org |
| | | | | | | | | |
| Mercy Corps | NGO | global | | X | X | X | | http://www.mercycorps.org/ |
| Population Services International | NGO | global | | X | | X | | http://www.psi.org/ |
| Soros Foundation–Kyrgyzstan | NGO | global | | X | X | X | X | https://www.opensocietyfoundations.org/about/offices-foundations/soros-foundation-kyrgyzstan |
| UNAIDS | UN Fund/Program | global | | X | X | X | X | http://www.unaids.org/en/regionscountries/countries/kyrgyzstan |
| UNDP | UN Fund/Program | global | | X | X | X | X | http://www.undp.org/ |
| UNICEF | UN Fund/Program | global | | X | X | X | X | http://www.unicef.org/ |

## Annex 3: Portfolio of UNFPA adolescents and youth interventions in Kyrgyzstan (2008-2015)

| Implementing Agency | Funding Source | Other Implementing Agencies/Partners | Beneficiaries | Geographical Location |
|---|---|---|---|---|
| **KYR2A101**<br>**Programme Coordination and Assistance** | | | | |
| UNFPA | country office Programme Delivery | | | |
| **KYR2G102**<br>**Women's Empowerment Advocacy** | | | | |
| PUBLIC UNION - YOUTH PEER EDUC | country office Programme Delivery | | | |
| **KYR2R208**<br>**STI/HIV/AIDS Information / Services** | | | | |
| PUBLIC UNION - YOUTH PEER EDUC | country office Programme Delivery | N/A | Young activists, young populations at risk of HIV, peer educators, street children, rural youth, young HIV+ | Bishkek city, representation in Osh city |
| Reproductive Health Alliance | Finland | N/A | Young activists, young populations at risk of HIV, peer educators, street children, rural youth, young HIV+; health providers, health managers, national experts | Bishkek city, branches in Karakol city, Talas city, Jalalabad city and Kyzylkiya city |
| UNFPA | country office Programme Delivery | Students polyclinic in Bishkek city | Health providers of the students' polyclinic; university students | Bishkek city |

| | | | | |
|---|---|---|---|---|
| | country office Programme Delivery | State agency on vocational education | Healthy Lifestyle strategy teachers, students of vocational schools | Bishkek city |
| | UNAIDS | | | |
| **KYR3A100 Programme Coordination and Assistance** | | | | |
| UNFPA | country office Programme Delivery | NGO "Institute for Youth Development" | Young activists | Bishkek city |
| | | UNICEF | N/A | Bishkek city |
| **KYR3U603 Youth Friendly Services for sexual and reproductive health/HIV** | | | | |
| UNFPA | country office Programme Delivery | Students polyclinic in Bishkek city | Health providers of the students' polyclinic; university students | Bishkek city |
| | | Ministry of health of the Kyrgyz Republic | Health providers, health managers | Bishkek city |
| | | National mother and child protection centre | Youth | Bishkek city |
| | | Naryn oblast PHC | Health providers, rural youth | Naryn city |
| | | NGO Alliance on reproductive health | Health providers, rural youth | Karakol city |
| **KYR3U604 Behaviour Change Communication on sexual and reproductive health/GBV** | | | | |
| Centre of Research of Dem. Pro | UNDP-Peacebuilding Fund | N/A | N/A | N/A |

| | | | | |
|---|---|---|---|---|
| PUBLIC UNION – Youth Peer Education | UNDP-Peacebuilding Fund | | | |
| | country office Programme Delivery | N/A | Peer educators, religious youth, rural youth, vocational school students | Bishkek city, representation in Osh city |
| | headquarters Programme Delivery | | | |
| UNFPA | UNDP-Peacebuilding Fund | | | |
| | country office Programme Delivery | Agency on vocational education | Healthy Lifestyle strategy teachers, medical specialists, students of vocational schools | Bishkek city, vocational schools in every region of the country |
| | | National research and methodology centre | Healthy Lifestyle strategy teachers | Bishkek city, covers all regions of the country |
| | | National health promotion centre | Healthy Lifestyle strategy teachers, vocational school managers, medical specialists | Bishkek city |
| | | NGO “Mutakalim” | Religious youth - students in madrasahs, madrasah teachers and mentors | Bishkek city |
| | | Vocational schools | Vocational school students | countrywide |
| | headquarters Programme Delivery | | | |

## Annex 4: List of documents consulted

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## Annex 5: List of people consulted

| # | First Name | Family Name | Sex | Position \|Name of Organisation |
|---|---|---|---|---|
| **UNFPA** | | | | |
| 1 | Cholpon | Egesheva | f | National Program Officer on HIV \| UNFPA |
| 2 | Nurgul | Kinderbaeva | f | National Program Analyst on gender, youth, comunication, advocacy \| UNFPA |
| 3 | Meder | Omurzakov | m | Assistant Representative \| UNFPA |
| 4 | Nurgul | Smankulova | f | National Program Analyst on RH\| UNFPA |
| 5 | Asel | Turgunova | f | Youth Specialist \| UNFPA |
| **UN Staff** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| 6 | Anara | Aitkurmanova | f | Project Specialist \| UN Women |
| 7 | Aleksandr | Avanesov | m | Residence Coordinator, UNFPA Representative in Kyrgyzstan \| UNDP |
| 8 | Anara | Ismailova | f | Project Manager \| UN Peace Building Fund |
| 9 | Ahmet | Sarkisov | m | Communication specialits \| UNAIDS |
| **Government Partners** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| 10 | Fatima | Abdukorimova | f | Head of the health promotion cabinet \| Naryn Oblast Center of Family Medicine |
| 11 | Shaigul | Aishuganova | f | Teenager's Doctor \| Naryn Oblast Center of Family Medicine |
| 12 | Aigul | Boobekova | f | Head of the Department \| Ministry of Health |
| 13 | Nazgul | Cholponkulova | f | Head of the Birth Preparedness School \| Oblast Family Medicine Centre |
| 14 | Ainura | Davletova | f | Head Doctor \| Jalal Abad Center of Human Reproduction |
| 15 | Aimagul | Israilova | f | Leading Expert \| Governmantal Agency on Professional and Technical Education |
| 16 | Medetbek | Juleoev | m | Doctor \| Naryn Oblast Center of Family Medicine |
| 17 | Ainura | Mergembaeva | f | Focal Point Vocational Education \| Ministry of Health, Republican Health Promotion Center |
| 18 | Nurgul | Omurkanova | f | Deputy Director \| Naryn Oblast Center of Family Medicine |
| 19 | Kalicha | Sadyrova | f | MD, Gynecologist\| Jalal Abad Center of Human Reproduction |

| 20 | Alfia | Samigullina | f | Deputy Director \| Ministry of Health, National Center of Mother and Child Care |
|---|---|---|---|---|
| 21 | Larisa | Sosnytskaya | f | Youth Expert, Assistant of Parliament Member \| Parliament of Kyrgyz Republic |
| 22 | Murataly | Uchkempirov | m | Head of the Department \| Ministry of Youth |
| 23 | Jamilia | Usupova | f | Head of the department \| Ministry of Health, Republican Health Promotion Center |
| 24 | Erkin | | m | Doctor \| Naryn Oblast Center of Family Medicine |
| 25 | Nariste | | f | Doctor \| Naryn Oblast Center of Family Medicine |
| **Donors** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| 26 | Olga | De Haan | f | Team Leader\| GFA Consulting Group |
| **International non-governmental organisations** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| none | | | | |
| **National non-governmental organisations, civil society organisations, Academia** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| 27 | Shermahammad | Abdugapirov | m | Branch Coordinator \| Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch |
| 28 | Darika | Amanbaeva | f | Program Manager \| Y-Peer |
| 29 | Olga | Chepelenko | f | Deputy Head Doctor \| Student Polyclinic |
| 30 | Galina | Chirkina | f | Executive Director \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 31 | Rahat | Cholokov | m | Mentor \| Professional Lyceum #87 |
| 32 | Ainura | Emirkanova | f | Social Worker \| Child Protection Centrs (country programmeC) |
| 33 | Jamal | Frontbek kyzy | f | Director \| Mutakalim |
| 34 | Elnura | Isabaeva | f | Program assistant \| Y-Peer |
| 35 | Damira | Isabekova | f | Deputy Head Doctor \| Student Polyclinic |
| 36 | Olesia | Ivanchenko | f | Branch Coordinator \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 37 | Damira | Jumabaeva | f | Researcher \| Kyrgyz Academy of Education |
| 38 | Gulumkan | Kasymalieva | f | Clinical Head \| FP (Family Planning) and SA (Safe Abortion) Clinic of RHAK (Reproductive Health Alliance Kyrgyzstan) in Karakol |
| 39 | Aida | Maatkazieva | f | Program Coordinator \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 40 | Ryskul | Mursalieva | f | Teacher \| Professional Lyceum #87 |
| 41 | Anna | Slasheva | f | Program assistant \| Kyrgyz Idigo |

| # | First Name | Family Name | Sex | Position \|Name of Organisation |
|---|---|---|---|---|
| 42 | Gulmira | Suranaeva | f | Program Manager \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 43 | Eilizar | Telebaldy uulu | m | Program Director \| Youth Development Institute |
| 44 | Gulnara | | f | Executive director \| Y-Peer |
| 45 | Chinara | | f | Finance Manager \| Y-Peer |
| **adolescents and youth Beneficiaries** | | | | |
| **#** | **First Name** | **Family Name** | **Sex** | **Position \|Name of Organisation** |
| 46 | Jyrgalbek | Akimov | m | Volunteer \| Y-Peer Osh |
| 47 | Nurilly | Bakishev | m | Volunteer \| Y-Peer Osh |
| 48 | Uluk | Batyraliev | m | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 49 | Begimai | Begimkulova | f | Volunteer\| Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch |
| 50 | Tattybubu | Ergeshbaeva | f | Volunteer \| Y-Peer |
| 51 | Akylai | Ibraimova | f | Volunteer \| Y-Peer Osh |
| 52 | Rinat | Imatov | m | Volunteer \| Y-Peer |
| 53 | Orunbek | Jeenbaeva | m | Volunteer \| Y-Peer Osh |
| 54 | Ruslan | Jenaliev | m | Volunteer\| Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch |
| 55 | Ielita | Jumabaeva | f | Volunteer \| Y-Peer |
| 56 | Jyldyz | Kadyrbaeva | f | Volunteer \| Y-Peer Osh |
| 57 | Bermet | Kalmamatova | f | Volunteer \| Y-Peer Osh |
| 58 | Aidai | Kanybekova | f | Volunteer \| Y-Peer |
| 59 | Begaim | Kemishova | f | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 60 | Asel | Kubanychbekova | f | Volunteer \| Y-Peer |
| 61 | Lubov | Maksimenko | f | Volunteer \| Jalal Abad Center of Human Reproduction |
| 62 | Fahriddin | Mirzaev | m | Volunteer \| Y-Peer Osh |
| 63 | Nurgul | Muratbekova | f | Volunteer \| Y-Peer |
| 64 | Muselia | Musaeva | f | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 65 | Jamilia | Nazirova | f | Volunteer \| Y-Peer |
| 66 | Djamilia | Oturksheva | f | Volunteer \| Y-Peer |
| 67 | Eldiar | Saidumarov | m | Volunteer \| Y-Peer Osh |
| 68 | Bektur | Saimidinov | m | Volunteer \| Youth Development Center |
| 69 | Adinai | Sapargalieva | f | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |

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|---|---|---|---|---|
| 70 | Orozbek | Sormatov | m | Volunteer \| Y-Peer Osh |
| 71 | Jyldyzai | Turdubekova | f | Volunteer \| Y-Peer |
| 72 | Aidana | Zamirbekova | f | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 73 | Erlan | Zamirbekova | f | Actor of Y Peer \| Y-Peer |
| 74 | Aibek | | m | Ex-member of Y-Peer \| Y-Peer |
| 75 | Askar | | m | Volunteer \| Y-Peer |
| 76 | Aziza | | f | Student \| Medical College |
| 77 | Bermet | | f | Volunteer \| Reproductive Health Alliance Kyrgyzstan (RHAK) |
| 78 | Gulsana | | f | Volunteer \| Y-Peer |
| 79 | Jyldyz | | f | Volunteer \| Y-Peer |
| 80 | Mahhabad | | f | Student \| Islam University of Kyrgyzstan |
| 81 | Nurjan | | f | Student \| Kyrgyz State University of Construction, Transport and Architecture |

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