

**Evaluation of the 4th UNFPA Country
Programme for Kyrgyzstan
(2018-2022)**

FINAL EVALUATION REPORT

SEPTEMBER 25, 2021

The Kyrgyz Republic Country Map¹



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Map disclaimer

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Disclaimer

This evaluation report was prepared by a team of three consultants, namely: Lyubov Palyvoda, Evaluation Team Leader; Olga Kindiakova and Anara Niyazova, Evaluators. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund, its Executive Committee or member states.

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Abbreviations and Acronyms

ADP	Additional drug package
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AR	Annual Report
ART -	Antiretroviral
AWP(s)	Annual Work Plan(s)
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEMD	Confidential enquiries into maternal deaths
CO	Country Office
COAR	Country Office Annual Report
COVID-19	Corona Virus Disease 2019
CP	Country Programme
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
CPD	Country Programme Document
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
DAC	Development Assistance Committee
DHS	Demographic Health Survey
EM	Evaluation Matrix
ET	Evaluation Team
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQs	Evaluation Questions
EC	European Commission
EU	European Union
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GoK	Government of Kyrgyzstan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IP(s)	Implementing Partner(s)
KIIs	Key Informant Interviews
KSMICE	The Kyrgyz State Medical Institute of Continuous Education
LGBT	Lesbian, Gay, Bisexual and Transgender
LMIS	Logistic Management Information System
LNOB	Leave no one behind
MCH	Maternal and Children's Health
MDGs	Millennium Development Goals
MESYS	Ministry for Education, Sports and, Youth
MISP	Minimum Initial Service Package
MHIF	Mandatory Health Insurance Fund
MOE	Ministry of Emergency
MOES	Ministry of Education and Science
MOHSD	Ministry of Health and Social Development (as of February 2021 two Ministries - Ministry of Health and Ministry of Labour and Social Development - have been merged into MoHSD)
MOI	Ministry of Interior
MOLSD	Ministry of Labour and Social Development
NATO	North Atlantic Treaty Organization,
NGO	Non-Government Organization
NSC	National Statistical Committee
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OHCHR	The Office of the High Commissioner for Human Rights

OR	Other Resources
OSCE	Organization of Security and Co-operation in Europe
PLHIV	People living with HIV
PPE	Personal protection equipment
PSB	Procurement Services Branch
RH	Reproductive Health
RR	Regular Resources
SAMK	Spiritual Administration of Muslims in Kyrgyzstan
SAYSPC	State Agency of Youth, Sports and Physical Culture
SRH	Sexual and Reproductive Health
SDCA	Swiss Development and Cooperation Agency
SDG	Sustainable Development Goal
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TL	Team Leader
ToC	Theory of Change
ToR	Term of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Frameworks
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNESCO	United National Education, Science and Culture Organization
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
USA	United States of America
USAID	United States Agency for International Development

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Table 1. Kyrgyzstan: Key facts

Key Facts and Figures		Source
The Kyrgyz Republic (further either The Kyrgyz Republic or Kyrgyzstan) is located in Central Asia, in the western and central parts of the Tien Shan mountain range and in the Pamir-Alai. It is bordered by Kazakhstan to the north, Uzbekistan to the west, Tajikistan to the southwest and China to the east and southeast. There are 9 administrative-territorial units in Kyrgyzstan: 7 regions and two large cities (in the north and south of the country).		
Surface area	191,800 sq. km ²	
Population		
Population (inhabitants)	6,636,800	Preliminary population estimation as of 1 January 2021 (National Statistical Committee of the Kyrgyz Republic) ³
Urban population	34.2%	Urban population estimation as of 1 January 2020 (National Statistical Committee of the Kyrgyz Republic) ⁴
Population growth rate	2.1% (2019)	Estimated by World Bank ⁵
Government		
Type of government	The Kyrgyz Republic is a unitary state with a presidential form of government	Results of the referendum (popular vote) to determine the form of government in the Kyrgyz Republic ⁶
Key political events/dates:		
1991 – Declaration of the Sovereignty of the Kyrgyz Republic		
1992 – The Kyrgyz Republic joined United Nations		
1998 – The Kyrgyz Republic joined World Trade Organization		
2001 – The Kyrgyz Republic joined Shanghai Cooperation Organization		
2005 – The Tulip Revolution		
2010 – Transition of presidency provoked by social unrest Interethnic conflict in the south of the republic Adoption of a parliamentary form of government		
2015 – The Kyrgyz Republic joined Eurasian Economic Union		
2020 – Resignation of the President provoked by social unrest Adoption of a presidential form of government		
Seats held by women in the national parliament	19% (2020)	World Bank Data ⁷
Economy		
GDP per capita (PPP USD)	5.5 (2019)	World Bank Data ⁸
GDP growth rate	2.3% (2019)	World Bank Data ⁹
Main industries: The Kyrgyz Republic has rich endowments, including minerals, arable land, and pastures, and has significant potential for the expansion of its agriculture sector, hydroelectricity production, and tourism industry ¹⁰ . In 2019, the share of agriculture in the Kyrgyz Republic's gross domestic product was 12.1 percent, industry contributed approximately 27.6 percent and the services sector contributed about 50.2 percent ¹¹ .		
Social indicators		
Unemployment	7.89% (2020)	World Bank Data ¹²
Life expectancy at birth	Total population: 72.0 years male: 67.9 years female: 76.0 years (2020)	World Bank Data ¹³
Under-5 mortality (per 1,000 live births)	20.0 (2018)	MICS KGZ 2018 ¹⁴
Maternal mortality ratio (deaths of women per 100,000 live births)	60.0 (2017)	Estimate by the Maternal Mortality Estimation Inter-Agency Group (MMEIG) ¹⁵
Health expenditure (% of GDP)	6.5 (2018)	World Bank Data ¹⁶
Births attended by skilled health personnel, percentage	100% (2018)	MICS KGZ 2018 ¹⁷
Unmet need for FP	19	MICS KGZ 2018
Fertility rate	3.9	MICS KGZ 2018
Adolescent fertility rate (births per 1,000 women aged 15-19)	50.0% (2018)	MICS KGZ 2018 ¹⁸
Condom use to overall contraceptive use among currently	13,2% (2018)	MICS KGZ 2018 ¹⁹

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married women, 15-49 years old, percentage		
Contraceptive prevalence rate, any method	39,4% (2018)	MICS KGZ 2018 ²⁰
People living with HIV, 15-49 years old, percentage	0,2% (2019)	World Bank ²¹
Adult literacy (% aged 15 and above)	Total population: 99.6% (2018)	UNESCO ²²
Total net enrolment ratio in primary education, both sexes (%)	99.2 (2018)	UNESCO ²³
Sustainable Development Goals (SDGs) – related to the UNFPA – related programme areas: Progress by Goal based on Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic (2020) as well as international organizations and other sources.		
SD Goals	Indicators	Status
Goal 3	3.1.1 Maternal mortality ratio	24.80
	3.1.2 Proportion of births attended by skilled health personnel	99.35
	3.2.2 Neonatal mortality rate	11.80
	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	0.10
	3.7.1. Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	67.40
	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	37.70
Goal 5	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	0.30/ 12.90
Goal 16	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	98.90

EXECUTIVE SUMMARY

Overview. The overall purpose of this Country Programme Evaluation (CPE) was to conduct an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support to the Kyrgyz Republic within 2018-2022 4th CP. The overall CPE objectives were to ensure: (i) an enhanced accountability of UNFPA and its country office for its country programme's relevance and performance and (ii) a broadened evidence base for the design of the next programming cycle. The evaluation had four specific objectives: 1) to provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme as well as the ones updated during the MTR exercise; 2) to provide an assessment of the country office (CO) positioning within the development and national partners' communities, in view of its ability to respond to national priority needs while adding value to the country development results, including as a result of the COVID-19 pandemic; 3) to draw key lessons from the past and current cooperation and provide a set of clear, specific, action-oriented and forward-looking strategic recommendations in light of the 2030 agenda for the next programming cycle; and 4) to document good practices and innovations in programme intervention design or strategy development, if available.

This report covers the results from 2018-2020 related interventions in four focus areas: 1) Sexual and Reproductive Health (SRH) 2) Adolescent and Youth (A&Y), 3) Gender, and 4) Population and Development (P&D). The budget for the 4th CP was \$4.95 million (\$2.5 regular and \$2.45 other resources). The evaluation covered all activities planned and/or implemented during the period of 2018-2020 related interventions, within three outcomes (reproductive health, gender, and P&D), where adolescent and youth issues were included as cross-cutting elements. Other cross-cutting areas include: partnership, resource mobilization and communication. The CPE analysed the achievements of UNFPA CO against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2018-2021, the UNDAF and national development priorities and needs. The evaluation reconstructed the programme intervention logic to analyse its rational and identify its gaps and weaknesses. The evaluation examined the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination and added value. The CPE took place during the period of March - July 2021.

Evaluation Approach and evaluation users. The CPE followed the structure provided in the UNFPA Handbook (UNFPA February 2019) to assess the UNFPA CP using two separate components. The first one was an analysis of the UNFPA CP outputs and their contribution to the outcomes within four focus areas (SRH, Adolescent and Youth, Gender, and P&D). This component employed four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assessed the positioning of the UNFPA CP in the country based on two criteria: UNCT coordination and value added (comparative strengths in the country). The evaluation covered a three-year CP programme period (2018 - 2020). The primary and main users of this evaluation include: the UNFPA Kyrgyzstan CO, government counterparts in the country, the UNFPA Executive Board, other development partners and relevant UN Agencies, the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices.

Methodology. The evaluation was conducted by a three-person team (team leader and two evaluators). The evaluation was based on a participatory design and engaged quantitative and qualitative data collection methods, namely: 1) desk review; 2) key informant semi-structured group and individual interviews; and 3) online survey. It included a diverse range of stakeholders identified through stakeholder mapping exercise to ensure the compilation of well-triangulated data to answer all the evaluation questions. There were 9 evaluation questions to form the evaluation matrix as a main instrument for data collection and analysis. The collection of evaluation data was implemented remotely due to COVID-19 quarantine restrictions in Kyrgyzstan at time of the evaluation field phase. All interviews followed the informed consent procedures as required by the UN ethics guidelines for evaluators. The analysis was based on a synthesis and triangulation of information obtained from the above-mentioned evaluation activities. The evaluation relied primarily on qualitative data that was collected through data analysis and semi-structured interviews and was complemented by quantitative and qualitative data obtained from online survey and secondary data sources. Throughout the evaluation implementation, from data collection to formulation of recommendations, the Evaluation Team (ET) worked applying several lenses to the process, including: assessment of UNFPA transformative results; integration of GEEW criteria; application of *Leaving no One Behind* policy and innovation and human rights-based approach in CP programming, implementation and monitoring; as well as integration of disability lens at all stages. In total 136 documents/ online resources were analysed, interviews with 77 individuals were conducted online, and 38 persons out of 156 invitees (or 22.9% response rate) participated in an online survey. All interviews were done without the presence of UNFPA staff. Evaluation limitations related to COVID-19 pandemic included disadvantages connected to the remote mode of evaluating performance and ET limited ability to interview UNFPA beneficiary groups and to visit municipalities, where the Fund operates.

CONCLUSIONS of the evaluation

Strategic Level

- Conclusion 1.** The 4th UNFPA Country Programme for Kyrgyzstan is adapted to the needs of the population, including the most vulnerable, aligned to the priorities set by international and national policy frameworks as well as with the UNDAF to a greater extent. However, at the end of the second year of implementation two additional outcomes were added to the one on SRH, namely: Gender Equality and P&D, but there was no revised CP description, no defined GE outcome baseline and target indicators and a lack of ‘strategic’ approach during strategic planning (however this was done as part of the Spotlight Initiative and another GBV project funded by the UK). At the same time there is a disconnection between CP Outcomes defined for SRH, GE and P&D components, when reporting is done by one more, namely Adolescents and Youth, and its output and outcome indicators are distributed among other three areas. All these issues confuse measurement of all CP output and outcome indicators and do not always allow to reflect the CO achievements effectively and correctly.
- Conclusion 2.** UNFPA position to raise socially very sensitive and often inconvenient issues of sexual, reproductive and maternal health, family planning, HIV, gender-based violence in a politically unstable situation with increasing radicalization and tendency to adopt very conservative values in society contributed to relevance of the national policy designed and promoted by UNFPA along with other UN Agencies as well as its responsiveness to national interests and needs. However, while UNFPA presence at the national level is more visible, it lacks recognition at the regional and local levels, where CO comparative strengths and approaches (like LNOB, protection and promotion of human rights for all, provision of access to SRH and reproductive rights) could produce fast and significant results to augment outcomes and integration process results in all programmatic areas and at all levels throughout the country.
- Conclusion 3.** UNFPA prompt and proactive position, interventions and leadership in GBV and contributing to SRH in responding to COVID – 19 pandemic shows CO ability to get and provide evidence-based data needed for policy decisions, recognize needs of key population and those left behind, work with government (even with newly appointed officials), ‘open government doors’ to other UN Agencies and development actors, organize and lead needed interventions and mobilise resources, promote the UNFPA LNOB principle by recognising to extent possible needs of most vulnerable groups of the population (like youth, women, and other underserved). The UNFPA role in emergency situations, like COVID-19 pandemic, was recognized by government, civil society and development actors.
- Conclusion 4.** During three years of the 4th CP implementation, UNFPA tried to switch its activity from building/strengthening capacity of its partners to policy and advocacy work with them and find digital solutions to reach out to the most vulnerable, including key populations. However, in situations of political instability, changes in political and government structures, and newly appointed key public officials to Government, it is important to ‘start capacity building/ strengthening over’ of civil servants in order to ‘catch up’ with the level needed for addressing of the most vulnerable, including key populations’ interests and needs according to international standards. Moreover, capacity building of civil society organizations and community members is likewise very important. In addition, COVID-19 pandemic showed importance of innovative solutions, like empowering women from religious communities as change agents for social norm changes.
- Conclusion 5.** Over the past three years of the 4th CP UNFPA CO faced changes in leadership and leadership style, revision of country programme, significant increase of number of projects and interventions along with external challenges (e.g. political and COVID-19 pandemic). Evaluation shows the lack of integration of four programme areas at the project/ intervention planning and implementation levels, specifically among programme NPAs. In addition, while the involvement of IPs into CP implementation is a unique feature of the UNFPA, there is a perceived lack of trust towards and high level of micromanagement of IPs by CO instead of considering the IPs as partners. In addition, UNFPA should invest more in capacity building, including both organizational as well as specific programme areas like SRH, GBV, GE, etc. and evidence based advocacy and policy work.
- Conclusion 6.** While UNFPA is committed to the UN *Delivering as One* principle and achieving the three transformative results in programming and resource mobilization, the sources of financing for development assistance are decreasing. Despite operating in a resource-constrained environment, UNFPA succeeded in mobilizing other resources than the core ones, but mainly from traditional donor sources (EU, UK, PBF). Attempts of reaching out for assistance to non-traditional countries like Russia, China and India showed some promising results (CO was able to mobilise funds from Russia). As fundraising is very resource consuming (time, human and financial resources) there is a need to revise CO strategy and tactics in exploring different sources of funds, including ‘out-of-box’ thinking.

Conclusion 7. The UNFPA activities contributed to better coordination of the UN agencies in Kyrgyzstan to a great extent. There are several UN institutions the UNFPA closely cooperates with (UNICEF, UNDP, UN Women, WHO, UNAIDS) and their joint activities are complementary, create synergies and reflect the interests, priorities and mandate of the UNFPA in the Kyrgyz Republic. UNFPA is recognized as a lead UN agency dealing with adolescents and youth, family planning, GBV issues and population dynamic, including data. At the same time, joint programming and coherent work among the UN Agencies remains a challenge for UNFPA office and is rather based on ‘gentlemen agreements’ as of CO focused mandate, with a small office and limited resources. As a result, the CO constantly competes for resources, recognition and visibility with development partners as well as population, specifically at a local level.

Programmatic Level

SRH Conclusion 8. UNFPA made significant strides in developing new clinical protocols/standards/guidelines and providing rights-based, accessible, quality SRH, FP and HIV services, including, those also for vulnerable populations. As a result of advocacy efforts, the Ministry of Health began allocating public funds to purchase contraceptives for women at health and social risk - an important achievement for the country and monitoring of budget execution to ensure the approved budget is fully spent in line with stated priorities and within appropriate timelines. To ensure sustainability, a separate budget line for FP issues was allocated in the MoH budget.

SRH Conclusion 9. Trained trainers from KSMICE were able to provide training to service providers on an ongoing basis and trained MHIF experts ensured that quality control of services were in line with the new developed clinical protocols/ standards, including those based on the recommendations of the CEMD report. Developed/revised curricula on FP, integrated SRH and HIV services were embedded in the training process, making training on these issues sustainable. The FP programme helped to increase the knowledge of family physicians who were delegated these functions after the reduction of family planning offices at district level.

Gender Conclusion 10. There has been tangible progress in achieving the planned output indicators. However, baseline and target values for the GE outcome indicator were not formulated in the updated 2019 CP. Nevertheless, UNFPA contributed to the overall picture depending on available funds and activities, but measurement of nation-wide coverage of UNFPA's contribution to potential decrease of proportion of ever-partnered women and girls aged 15 years and older, subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence was not conducted due to need of larger funding than the CO can afford.

Gender Conclusion 11. UNFPA contributed to strengthening GE and awareness building of GBV and sexual violence by supporting: i) establishment of the National coordinating body on multi-sectoral prevention and response to gender based violence; ii) development of national evidence-based legislation, policies, and regulation; iii) conducting research and studies to get gender disaggregated data; and iv) preparation of manuals, guidelines, including clinical and reports.

Gender Conclusion 12. UNFPA provided valuable gender, GBV and SV related expertise; access to international best practices to strengthen its partners' capacity. However, there is a small pool of local gender experts and high competition for them among development partners.

Adolescent and youth Conclusion 13. UNFPA CO was recognized as a leader of the youth theme by all partners and contributed to the approval of *the Concept of Youth Policy* by 2030 and development of *the Action Plan by 2025* to a greater extent. Also, the CO contributed to the development of *Healthy Lifestyle* and civic education curriculum for madrasah and vocational schools' curricula. UNFPA contribution in sexual and family planning areas was specifically important in time of promotion of more traditional family values in society.

Adolescents and youth Conclusion 14. By chairing the UN Youth thematic group, UNFPA took a technical leadership in the implementation of joint projects between UN system and Youth State Agency, whereby it covers, youth policy mainstreaming, youth mobilization, youth participation in 2030 agenda, youth and volunteering as well as other youth initiatives. UNFPA support increased youth participation in peacebuilding activities and creation of more resilient societies and understanding of SDGs through establishing the SDG Youth Ambassador programme, recognition of youth needs at local level through communication platforms and dialogues with different stakeholders, getting support for initiatives from local government and setting up informal relationships with local government officials, community and religious leaders to a high extent, especially in border communities. UNFPA work in this area is very important as of increased radicalization of the Kyrgyz society.

P&D Conclusion 15. The UNFPA was the only agency in Kyrgyzstan that worked with population data, dynamics and projections issues and supported surveys, civil registration and vital statistics, improvement of administrative data sources at national and sub-national levels. The necessity to have updated data, including disaggregated and sectoral data and to monitor population dynamics and the SDGs indicators, urged the UNFPA to stress the

importance of P&D among its partners, including government and civil society institutions as well as media. However, most data were not always presented and interpreted in user-friendly way and digitalized, and not in the Kyrgyz language. Along with printed products with UNFPA produced data, there were few live TV/ audio programmes/ conversations, especially in simple presentation and in the Kyrgyz language.

P&D Conclusion 16. UNFPA played a crucial role in strengthening the population data collection and processing systems with specific attention to AIS “ZAGS” and AIS “Migration” and contribution to the preparation of population and housing census from methodological and organizational context that had pivotal role in comprehensive population register and helped identify areas for further strengthening.

P&D Conclusion 17. Despite a significant support to approval of a *Concept of Demographic Policy*, huge challenge to sustainability and long-term effects of the UNFPA work on improvement of demographic statistical data and achievement in Kyrgyzstan included absence of formal demographic education in the universities along with high turnover of personnel in NSC, lack of modern methodological approaches, and digitalization of NSC work as well.

Conclusion 18. UNFPA was successful in raising and improving Government attention and understanding of importance to social issues along with economic based on evidence-based approach that can bring up issues that are either inconvenient to discuss (family planning, domestic violence, HIV/AIDs, etc.) or were not considered as important (issues connected to disable people, especially women, youth, etc.). The UNFPA contribution was especially important as it provided access to international experts and best practices. However, there was still low capacity to use evidence-based data for designing informational and advocacy campaigns, policy documents as well as no unity in defining certain terms (like ‘adolescent’).

Conclusion 19. UNFPA had unique experience in working with religious community, SAM, SCRA on sexual and reproductive health, gender and gender-based violence and youth that becomes increasingly important, specifically at a regional and a local level. As part of this program, cycle UNFPA shifted its focus from capacity building of FBOs and those supporting religious women and girls to advocacy and promotion of women's meaningful participation and leadership in formulation of policies and strategies that can directly impact their lives.

Conclusion 20. UNFPA provided meaningful support to Government in emergency preparedness and response, like COVID-19 pandemic, as public officials capacity in emergency preparedness and response was low due to high staff turnover, limited resources and low interest in "preparedness actions". UNFPA helped with data collection and its use in humanitarian actions as well as introduction of new formats of services in emergencies, using innovative technologies. The CO supported and coordinated GBV related activities with government, civil society and development partners in partnerships with UN and state partners.

RECOMMENDATIONS

Strategic Recommendations:

Strategic Recommendation 1. The CO should focus on development of a new CPD that is aligned with the new UNFPA Strategic Plan 2022-2025 and that provide strategic directions to achieve universal access to SRH, realize reproductive rights for all and accelerate implementation of the ICPD Programme of action and focuses on accelerating the achievements of three transformative results leading to 2030 Agenda.

Strategic Recommendation 2. UNFPA CO should expand predictable and flexible funding modalities and explore new funding resources by better integrating its components and having a programme specialist/ coordinator carrying out a resource mobilization function. At the same time, the CO should revise its strategy and tactics in exploring different sources of funds (both traditional donor funding and new ones), including ‘out-of-box’ thinking and expanding partnerships.

Strategic Recommendation 3: UNFPA should strengthen its human resources and technical capacity, including but not limited to review of CO structure and increase of staff capacities, in order to advance country achievements in accessing SRH rights and the three transformative results and remain relevant to cover the emerging national development priorities.

Strategic Recommendation 4. UNFPA CO in Kyrgyzstan has to promote awareness building on its mandate and uniqueness among public, especially at *local level*, development actors and donors, private sector and religious community at national and regional levels. And expanding partnerships for impact.

Programmatic recommendations:

All programme areas Recommendation 5. UNFPA should strengthen national capacity across all programme areas, including institutional, advocacy, policy as well as use of data for SRH, FP, GBV, A&Y, and population data.

Adolescent and Youth Recommendation 6. UNFPA should continue its lead work in the Adolescent & Youth programme area, focusing on: i) implementation of the Concept of Youth Policy by promoting the Action Plan approval, first; ii) continuing integration of *Healthy Life Style* course into the madrasah and vocational schools throughout the country; iii) expanding UNFPA work with youth and youth groups, especially at local level, through the SDG Youth Academy, civic education, online platforms and informal communication between government, religious leaders and civil society and groups.

Humanitarian / emergency preparedness and response (HEPR) Recommendation 7. UNFPA should strengthen the capacity of critical actors and partnership in HEPR area at national and local levels by enhancing existing interventions and exploring new approaches for timely, integrated, gender-transformative and peace-responsive activities and provision of life-saving RH supplies, dignity kits, PPEs, etc. as well as increase accessibility to data and the use of innovative methods in the provision of services in emergencies.

CHAPTER 1: INTRODUCTION

1.1 Purpose and objectives of the country programme evaluation

The UNFPA Country Office in Kyrgyzstan, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, contracted a team of independent experts to conduct an evaluation of the 4th UNFPA Country Programme for the Kyrgyz Republic (2018-2022) as part of the Country Office evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2019/1). **The overall objectives** of evaluation were to ensure: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence base for the design of the next programming cycle. Towards the achievement of the overall objectives, the evaluation had the following **specific objectives**: (i) to provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme as well as the ones updated during the MTR exercise; (ii) to provide an assessment of the country office (CO) positioning within the development and national partners' communities, in view of its ability to respond to national priority needs while adding value to the country development results, including as a result of the COVID-19 pandemic; (iii) to draw key lessons from the past and the current cooperation and provide a set of clear, specific, action-oriented and forward-looking strategic recommendations in light of the 2030 agenda for the next programming cycle; and (iv) to document good practices and innovations in programme intervention design or strategy development, if available.

1.2 Scope of the evaluation

The evaluation covered all activities planned and/or implemented during the period of 2018-2020 within each programme area (sexual and reproductive health, adolescents and youth (including as part of the peace-building fund), gender equality, and population and development). Cross-cutting areas included: partnership, resource mobilization and communication. The country programme evaluation (CPE) analysed the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plan for 2018-2021, the 2018-2022 UNDAF and national development priorities and needs. The evaluation reconstructed the programme intervention logic to analyse its rational and identify its gaps and weaknesses. The evaluation examined the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value. In addition, the Evaluation Team (ET) worked applying several lenses to the process throughout the evaluation implementation, from data collection to formulation of recommendations, including: assessment of UNFPA transformative results; integration of GEEW criteria; application of *Leaving no One Behind* policy and innovation and human rights-based approach in CP programming, implementation and monitoring; as well as integration of disability lens at all stages. The primary and main users of this evaluation include: the UNFPA Kyrgyzstan CO, government counterparts in the country, the UNFPA Executive Board, other development partners and relevant UN Agencies, the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices.

1.3 Methodology and process

EVALUATION METHODOLOGY

Evaluation criteria and evaluation questions

The evaluation has been structured around the following evaluation criteria: (i) four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability²⁴; (ii) two criteria specific to UNFPA, with a view to assessing: (1) UNFPA coordination with UNCT; and (2) UNFPA Country programme added value. Based on these evaluation criteria, the evaluation team used the following evaluation questions (by criteria) to guide the data collection and analysis throughout the evaluation process.

Relevance	<p>EQ1: To what extent is the UNFPA support:</p> <ul style="list-style-type: none"> i. adapted to the needs of the population with emphasis on the most vulnerable population; ii. in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas; iii. aligned with the UNFPA Strategic Plan, in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and iv. aligned with the UNDAF, as well as SDGs?
Effectiveness	<p>EQ2: To what extent have the intended programme outputs been achieved?</p> <p>EQ3: To what extent did the outputs contribute to the achievement of the planned outcomes (i) increased utilization of integrated SRH Services by those furthest behind, (ii) increased the access of young people to quality SRH services and sexuality education, (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?</p>

FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)

	EQ4: To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
Efficiency	EQ5: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?
Sustainability	EQ6: To what extent have the partnerships established with ministries, agencies and other representatives of the partner government, development partners, CSOs and private sector allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies? EQ7: To what extent have some of the results/partnerships built with government of other UN organizations being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?
UNFPA CP coordination with UNCT	EQ8: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
UNFPA CP added value	EQ9: What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

In addition to the proposed EQs, the ET employed the following cross-cutting lenses to use in the evaluation process (from planning to data collection, analysis and reporting) of the 4th CP, including:

- Three transformative and people-centred results in the period leading up to 2030. These include: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including child, early and forced marriage;
- Gender Equality and Empowerment of Women (GEEW) integration criteria²⁵;
- Application of *Leaving No One Behind* policy (e.g. reaching most vulnerable groups and underserved, including persons with disabilities, LGBTI, older persons, migrants, etc.) in the UNFPA Kyrgyzstan activity, including UNFPA comparative advantages in data, population dynamics, reducing inequalities in health and education;
- Application of innovation and human rights in UNFPA programming, implementation, and monitoring. Specific focus will be given to human rights principles of participation and inclusion, equality and non-discrimination in situation analysis, programme design, implementation and monitoring;
- Integration of disability inclusion, or *'the meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities (CRPD)*²⁶.

Moreover, the evaluation team looked at key lessons and provided a set of clear, specific, action-oriented and forward-looking strategic recommendations in light of 2030 agenda for the next programming cycle as well as the best practices of the UNFPA activities. The proposed set of evaluation questions provided a balanced mix of generic and specific questions, and all of them were focused on providing useful information such as information on the changes the intervention sought to achieve, investigating particular intervention characteristics or factors which had / had not worked. Also, the proposed list of evaluation questions was manageable and not too long. Evaluation sub-questions were developed to help define a particular question or drill down on specific areas. Furthermore, having fewer evaluation questions helped to keep the focus on the evaluation objectives and made the evaluation manageable and cost-effective.

Methods for data collection and analysis

The evaluation methodology was based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*²⁷ throughout the evaluation phases. Suggested and prescribed tools, such as the evaluation matrix, was adapted to fit the country programmes' context. Evaluation methods were both quantitative and qualitative, including documentary review, group and individual online interviews, and online survey. At planning stage of the field mission it was decided to conduct evaluation remotely without any site visits neither to localities outside of Bishkek, nor for the evaluation Team Leader to Kyrgyzstan. The collection of evaluation data was

carried out through, mostly, online semi-structured interviews and online survey. Visits envisioned in the *Evaluation Design Report*²⁸ to UNFPA targeted areas, both in the capital and regions, and the observation method were not used. The evaluators took into account ethical considerations when collecting information. The team closely adhered to the *UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations* (2008). The evaluation was based on a person-centered approach by distinctly emphasizing respect, accountability, fairness and transparency. Preceding fieldwork, the evaluation team (ET) reviewed cultural and religious sensitivities existing in Kyrgyzstan and considered potential harm to participants the evaluation could entail. While setting the interviews, the ET considered respondents availability, opportunity to take part in online interviews. Every meeting started with the acknowledgement that all received information from respondents would be treated as confidential, respondents' privacy and anonymity would be guaranteed and the information they shared would not be linked to them, as well as that their participation in evaluation was voluntary and free and they could stop the interview at any moment (ET was prepared where deemed necessary, to obtain statements of informed consent).

The following mixed methods were used to collect needed information in order to answer EQs in the given country and programmes' context and timeframe, including²⁹: (i) desk review and analysis; (ii) online key informant interviews, both individual and group; and (iii) online survey. Table 2 presents statistics on the data sources used to collect information by each data collection method.

Table 2. Data sources by collection methods

<i>Data collection methods</i>	<i>Number of data sources</i>
Documents/websites reviewed and analysed:	136
• Number of documents	78
• Number of websites	58
Semi-structured interviews (Interviewees' sectors):	
• Government officials /experts – national level	1
• Government officials – regional level	3
• CSOs	20
• Academia/UNFPA Experts	13
• UNFPA staff /UN Agencies/Institutions	24
• UNFPA Donors	1
Total Interviewees	77, including 13 male and 64 female interviewees
Online survey (invited/participated - response rate)	38, or 22.9% response rate

The methods used for data collection ensured the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data was sought through a thorough analysis of primary and secondary documentation and of the findings from the interviews and the online survey. To address the EQs, the Evaluation Team used more than one type of informants (including the UNFPA programme staff) to obtain data and, also, triangulate the data. Agreement between respondents and/or evidence of different types on a given EQ suggested that the underlying data were accurate. Differences indicated either inaccuracies or the possibility that an activity had different results with the different types of respondents. Special attention was given to cross-validation of programmes' documents.

The evaluation used various **data analysis methods** in order to develop the findings, conclusions, and recommendations to answer the EQs. The data analysis took place on a continuous basis, i.e. during the desk phase, field phase, and synthesis phase. The following mix of methods (used intertwined) guided the analysis: document analysis; theories of change and contribution analysis, triangulation of analysis of primary and secondary documentation and of the findings from the interviews, online survey; content analysis; descriptive statistics; process mapping and visualization. The collected data was analysed with gender dimension in mind to reflect a gender perspective so as to exclude gender bias and to enable the team to map all possible consequences for women and men³⁰ within the UNFPA programmes' framework. In addition, the data analysis considered achievement of UNFPA transformative results, integration of GEEW criteria and disability concerns, application of *Leaving no One Behind* policy and innovations, and human rights-based approach in CP programming, implementation and monitoring.

Selection of the sample of stakeholders, samples and sampling

The UNFPA country programme involved/affected a wide range of stakeholders. The evaluation adopted an inclusive approach, involving a broad range of partners and stakeholders. During the preparation phase the evaluation manager performed a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders included representatives from the government, academia, media, civil society organizations, and

donors. In addition, stakeholders from other UN organizations operating for/in Kyrgyzstan (like WHO, UNDP, UNICEF, UN Women, UNAIDS etc.), and bilateral donors (WB, SDC, GIZ) were identified. The stakeholder sample was selected by using the selection criteria³¹ that allowed narrowing 178 names from various groups³² to 77 most important names. The final list of stakeholders interviewed is presented in Annex 2.

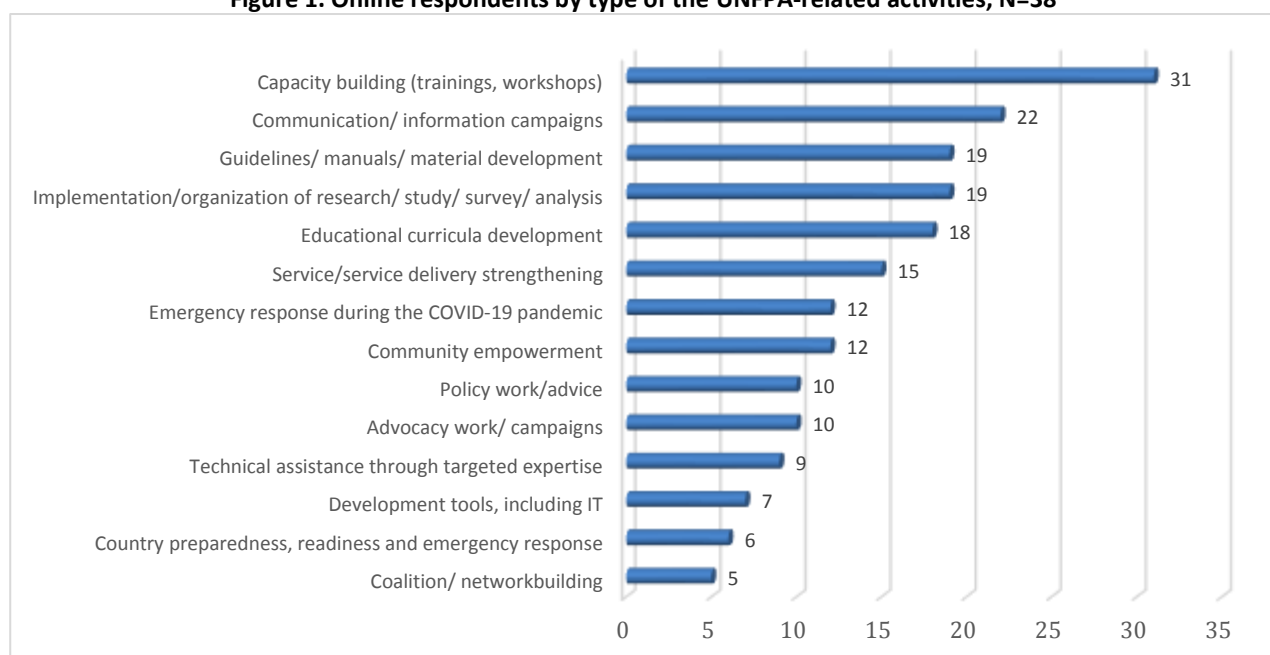
Within the framework of non-experimental design, several types of samples were used depending on evaluation sub-questions, chosen data collection tools, and available resources. Purposive sampling and convenience sampling were applied. Representatives of key actors outside the capital city were identified based on the selection criteria and UNFPA activity at the local level to ensure that they represent: all programme components and various types of stakeholder groups and activities. The stakeholder map was updated (Annex 6) and actually interviewed KIIs are presented in the Table 3. Out of 77 interviewees, 13 represented male/adult and 64 – female/adult.

Table 3. Numbers of interviews (identified in stakeholder map/ planned/ interviewed)³³ at design v. field stages³⁴ by UNFPA programme areas and stakeholders' sectors

Programme Area		Government / Government Institutions/ Academia	Civil Society/ Experts	International / UN development partners/ Donors	Total
SRH ³⁵	Design	25/12 ³⁶	19/9 and 14/5 ³⁷	13/7	71/33
	Field	23/23/19	9/9/9 and 5/5/5	11/11/11	48/48/44
Gender ³⁸	Design	46/20	25/13	11/6	82/39
	Field	7/7/3	8/8/8	11/11/9	26/26/20
P&D	Design	13/8	5/3	7/4	25/15
	Field	14/14/8	1/1/1	4/4/4	19/19/13
TOTAL	Design	84/40	63/30	31/17	178/87
	Field	44/44/30 (5 male/25 female)	23/23/23 (4 male/ 19 female)	26/26/24 (4 male/ 20 female)	93/93/77

Online Survey. Invitation to participate in the online was sent to 156 representatives of the UNFPA stakeholder groups. 38 answers were received (or 22.9% response rate). Online respondents represented Government of KR (12 respondents), academia (1 respondent), UNFPA local and international implementing partners (11 respondents), UN institutions (4 respondents), development partners (2 respondents), civil society organizations (5 respondents) and others (3 respondents from private business, expert community) from Bishkek (36 respondents) and regions (2 respondents). 38 respondents covered all UNFPA programme components³⁹, including HIV and PBF projects, and different types of UNFPA-related activities (Figure 1).

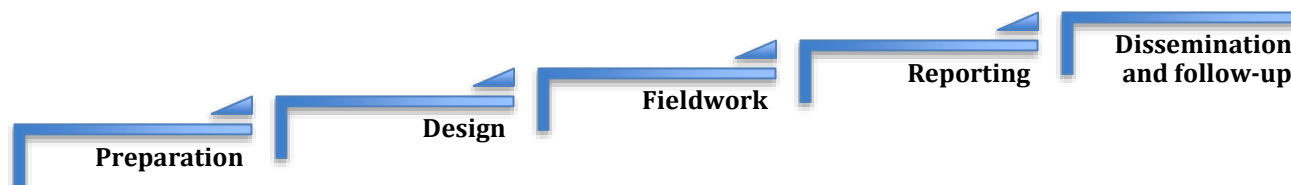
Figure 1. Online respondents by type of the UNFPA-related activities, N=38⁴⁰



In conclusion, it should be noted that almost all planned interviews were conducted (77 interviewees met out of 93 planned^{41,42}) to ensure an adequate number of stakeholder interviews are completed. In addition, to avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any CO staff present and ethical considerations specified in the Design Report and TOR, annex 1⁴³.

EVALUATION PROCESS

The country programme evaluation was implemented in five sequential phases, each of them including several steps, with respective deliverables as follows:



1. **Preparation.** This phase, managed by the UNFPA Country Office in Kyrgyzstan, included: a) Drafting of country programme evaluation (CPE) terms of reference (ToR); b) Establishing an Evaluation Reference Group (ERG); c) Receiving approval of the CPE ToR from the UNFPA Evaluation Office; d) Selecting potential evaluators; e) Receiving pre-qualification of potential evaluators from the UNFPA Evaluation Office; f) Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader; and g) Preparing the initial set of documentation for the evaluation, including the list of projects and the stakeholder map.
2. **Design.** During the design phase, the Evaluation Team performed the following tasks: (i) a documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the country programmes for the period being examined; (ii) a stakeholder mapping; (iii) an analysis of the intervention logic of the programme; (iv) finalization of the list of evaluation questions; (v) development of a data collection and analysis strategy as well as a concrete work plan for the field phase. At the end of the design phase, the evaluation team leader produced a design report that outlined the detailed evaluation methodology, criteria, timeframes and the structure of the final report. Once the design report was approved, the UNFPA Evaluation Manager set a preliminary agenda for the field phase and run the required logistical arrangements.
3. **Fieldwork.** After the design phase, the Evaluation Team undertook a three-week online/offline field work in Kyrgyzstan to collect and analyse the data required to answer the evaluation questions. During May 19 – June 9, 2021 the ET interviewed 77 people (out of 93 planned). At the end of the field phase, namely on June 22, the Evaluation Team provided the UNFPA country office with a debriefing presentation on the preliminary results of the evaluation.
4. **Reporting.** During this phase, the ET continued the analytical work initiated during the field phase taking into account comments made by the CO at the debriefing meeting. This *first draft final report* was submitted to the Evaluation Reference Group for written comments. Comments from the Country Evaluation Reference Group were consolidated by the UNFPA Evaluation Manager. It allowed the ET to prepare a second final draft evaluation report. There is a formal evaluation quality assessment (EQA) at this stage.
5. **Dissemination and Follow-Up.** During this phase, the country and regional offices, as well as relevant divisions at UNFPA headquarters are informed of the CPE results with an invitation to submit their management response. The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks after their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

Team composition and distribution of tasks

The evaluation was carried out by a competitively selected independent Evaluation Team consisting of an Evaluation Team Leader and two Evaluators external to UNFPA. The team members combined knowledge and experience in evaluation with technical knowledge and expertise in the areas related to the UNFPA Programme of work. The allocation of responsibilities and distribution of work covered, at least, two aspects: (i) allocation of responsibilities by area of work; (ii) allocation of responsibilities for sections of the final evaluation report.

Evaluation limitations

The following challenges/limitations were considered and mitigated to obtain reliable data:

- **Partial update of CP:** In December 2019, the Results and Resources Framework for 2018-2022 CP was updated but the narrative part of the Country Programme stayed the same. This limited the understanding of which specific activities were planned to achieve new outputs and outcomes. Missing data on the planned and performed UNFPA activities was received from other documents, including annual work plans and reports for 2018 – 2020; IPs contracts, plans and reports; PBF projects' documents; and the data triangulated with the information received from the online survey and KIIs;
- **The quality and accessibility of data.** Certain UNFPA procedures of financial data approval effected on-time availability of data for 2020. Moreover, several financial results for previous years had been revised that

resulted in certain discrepancies in the available data for 2018-2019. Validation techniques were used including internal team-based review; discussing data with CO leaders and financial officer, and IPs; review of IPs contracts and reports;

- **Application of lenses, such as transformative results, integration of GEEW/disability consideration, and human rights criteria:** CP was designed before some of these issues were introduced and/or described (like the application of disability inclusiveness approach that was presented in 2020) that resulted in a limited scope of their adaptation and practice. Validation techniques were used including discussing of the needed information with CO leaders and team during KIIs; getting data from the UNFPA partners and IPs; reviewing UNFPA documents, including UNFPA Global recommendations;
- **The COVID-19 Pandemic:** It was expected that the field work on evaluation takes place in the second part of May 2021. However, due to the worsening situation with COVID-19 in Kyrgyzstan in addition to cross border clashing conflicts at Kyrgyzstan – Tajikistan border on April 29- May 1, 2021, the team conducted all interviews remotely. While the ET adapted its methodology accordingly, there is no doubt that the forced inability of the TL to be in-country to speak with stakeholders in-person and experience the activities on the ground was a disadvantage. Validation techniques were used including discussing the needed information with CO leaders and team during KIIs; getting data from the UNFPA partners and IPs; reviewing UNFPA documents, as well as interviewing additional stakeholders when there was a gap in information from stakeholders;
- **The beneficiaries/site visits:** As of COVID-19 pandemic and military incidents, it was not feasible to interview UNFPA beneficiaries groups and visit municipalities where the Fund operates. That limited a better understanding of UNFPA activities impact on beneficiaries and visualization of conditions where stakeholders conduct their activity. However, open questions in the online survey provided opportunity to the stakeholders ‘to speak up’ on their beneficiaries’ behalf.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

The Kyrgyz Republic is a landlocked country located in the northeast of Central Asia, with a total area of 191,800 km². Mountains occupy more than three-quarters of the territory of the republic. The Kyrgyz Republic borders Kazakhstan, Tajikistan, Uzbekistan, and China and includes nine administrative-territorial units: seven regions and two major cities (in the north and south of the country). The Kyrgyz Republic gained independence after the collapse of the USSR in 1991. After gaining independence, the country went through a difficult transition with a decline in the economy and an increase in poverty. The Republic is characterized by an unstable socio-political situation. Dissatisfaction of the population with the results of elections, as well as dissatisfaction with the lack of improvement of the socio-economic situation and the high level of corruption led to civil uprisings in 2005, 2010 and 2020. After the civil unrests of 2020 a presidential form of governance in the country was adopted through a referendum. In 2018, the country adopted the National Development Strategy of the Kyrgyz Republic for 2018-2040 and a national five-year plan to implement it - the Development Program of the Kyrgyz Republic for 2018-2022 *Unity, Trust, Creation*. Late 2018, a new Program of the Government of the Kyrgyz Republic on Public Health and Health System Development for 2019-2030 *Healthy Person - Prosperous Country* was also approved. All three of these strategic documents are aligned with the SDGs.

Population and development. At the beginning of 2021 the number of permanent population of the Kyrgyz Republic was 6,636 million people, of which 1/3 live in urban areas, 2/3 - in rural areas. Since 2013 the annual population growth rate is near 2.0%. Since independence, the population of the republic has increased by 1.5 times (almost by 50%)⁴⁴. Demographically, the Kyrgyz Republic's population is young: more than 1/3 of the population is children and adolescents under the age of 18, and about 60% are under the age of 29⁴⁵. However, UN population projections point to an aging population by 2050, which will also pose new challenges to the country as a whole, and to health and social development systems in particular⁴⁶. The Kyrgyz Republic is a multinational state with more than 100 nationalities living here⁴⁷. Human Development Index of the country in 2019 was 0.697, which corresponds to the 120th position (out of 189) and placing the country in the category of average human development. Compared to 2010, the HDI grew by 5.3%. Between 2013 and 2018, the proportion of the population living below the national poverty line decreased from 37.0% to 22.4%, and the extreme poverty level fell down from 2.8% to 0.6%. Child poverty remains an issue, reaching 28.3% in 2018⁴⁸ (**SDG 1**). **Life expectancy** has had a steady upward trend in recent years and is estimated by the World Bank at 72.0 years (2020). The difference between male and female life expectancy has remained within 8 years in the recent years (men - 67.9 years, women - 76.0 years)⁴⁹.

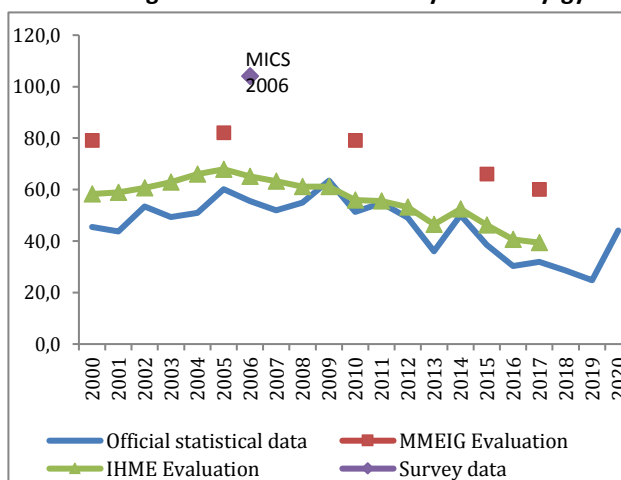
The level of **literacy and education** in the republic is quite high: the adult literacy rate is estimated at 99.6%, and the overall enrolment rate for primary education is 99.2% (2018)⁵⁰ (**SDG 4**). The Republic is characterized by a fairly high intensity of **migration processes**, both inside and outside the country, most of which is labor migration. Educated and highly qualified personnel continue to leave the Kyrgyz Republic⁵¹. Both external and internal migration plays a crucial role in shaping the population dynamics of the districts and regions of the Kyrgyz Republic. Over the past 5 years, a positive migration balance was observed only in the cities of Bishkek and Osh, as well as in the Alamudun, Sokuluk, Moscow and Jayil districts of the Chui region adjacent to Bishkek⁵². About 3% of the population (194,364 people in 2019) of the Kyrgyz Republic are persons with **disabilities**, of whom 53% are women. Every year, the number of PWD increases, with annual growth of 11,000 people recognized as disabled persons for the first time (near 40-45 % of them are women). Although the country ratified the UN Convention on the Rights of Persons with Disabilities in May 2019, and specific national policies and laws already exist, they are not being effectively implemented. Women and girls with disabilities face higher levels of discrimination and access restrictions than men and boys with disabilities⁵³.

Reproductive health, including HIV. The female population of the republic at the beginning of 2020 was 3,285,900 people or 50.4% of the total population. Women of reproductive age account for 49.5% of the total number of women, girls aged 10-19 years account for 16.3%. The Kyrgyz Republic has a high birth rate, with a crude birth rate of 26.6 per 1,000 population in 2019. The total fertility rate according to the MICS (2018) was 4.0. The legislation of the Kyrgyz Republic enshrines the rights of citizens to the protection of sexual and reproductive health⁵⁴ and ensuring universal access to quality reproductive health services remains a national priority also under the current government's *Healthy People - Prosperous Country* (2019-2030) program. SRH services are provided by health professionals at all levels of care. There is a State Guaranteed Benefit Program (SGBP) according to which pregnant women, women arriving for childbirth or termination of pregnancy for social/ medical reasons are entitled to receive free health care at the outpatient and inpatient facilities⁵⁵. Coverage of antenatal care, skilled obstetrics care and postnatal care for pregnant women and postpartum mothers in the Kyrgyz Republic has remained quite high in recent years: the percentage of women who were registered before 16 weeks of pregnancy was 92.6% in 2018, 94.3% of pregnant women received at least four antenatal visits (2014 – 94.6%) (**SDG 3.8.1**), 99.8% had a skilled health care provider present during delivery (2014 – 98.4%) (**SDG 3.1.2**), and 92.6% of birthing women were covered by

postpartum visits within 2 days of delivery (2014 -97.8%)⁵⁶. It should be noted that in 2020 due to the COVID19 pandemic restrictions and conditions of health care organizations, about a quarter of women in need of antenatal services did not receive them⁵⁷.

The country has made some progress in reducing **maternal mortality** in recent years (Figure 1), but the maternal mortality ratio is still high compared to the levels in the European region and remains the highest among Central Asian countries. In 2019, according to the country's official statistics, the rate was 24.8 deaths per 100,000 live births (**SDG 3.1.1**)⁵⁸. The main causes of maternal mortality in 2019 were extragenital diseases, accounting for more than 30% of maternal deaths, bleeding (23%), septic complications (19%), and hypertensive disorders (16%)⁵⁹. In 2020, maternal mortality rates were significantly affected by the COVID-19 pandemic, with more than one-third of maternal deaths - 39.7% (27 of 68 deaths) - attributed to COVID-19 and/ or community-acquired pneumonia. The maternal mortality rate was 44.1 per 100,000 live births in 2020 versus 24.8 in 2019 (a 1.8-fold increase)⁶⁰.

Figure 2. Maternal mortality rate in Kyrgyzstan



One of the challenges for the country is the issue of **teenage pregnancy**. Despite a downward trend in recent years, according to official statistics, there are about 1,500 abortions and 6,000 to 8,000 births each year among teenage girls aged 13-19⁶¹. According to MICS 2014/MICS 2018, teen birth rate has declined from 65 (in 2014) to 50 (in 2018) per 1,000 women of that age (**SDG 3.7.2**). Teen birth rates in rural areas are twice as high as in urban areas. According to MICS 2018 about 13% of women aged 20-24 had their first formal or civil marriage before the age of 18. Maternal age less than 20 years is a risk factor for both maternal and infant and child mortality. The share of those under 20 years of age in maternal mortality has increased from 2.7% (2012) to 11.5% (2018)⁶².

According to the Ministry of Health, about 20,000 **abortions** are performed each year in the country. Since 2000, the abortion rate has decreased by 28%, amounting to 12.5 in 2019 per 1,000 women of reproductive age. However, induced abortion is still used as a method of birth control, as evidenced by the increasing rate of abortions with increasing age of a woman and the serial number of pregnancy. One of the gravest complications of abortion is the death of a woman. Thus, since 2000, annually there have been 1 to 4 cases of maternal mortality due to abortion⁶³.

Family planning/contraception helps reduce the need for abortion (especially unsafe ones) and the risk of maternal mortality. After the collapse of the USSR, the Kyrgyz Republic enacted a series of legislative acts that indicated the importance of "providing contraceptives to the socially vulnerable contingent of women at risk," but with limited funding the state was unable to provide contraceptives to this group of women. Since 2000, international organizations (UNFPA, the Global Fund, USAID) have started humanitarian supplies of contraceptives to the republic for socially vulnerable groups of the population. The main provider of humanitarian contraceptives in the country until 2015 was the UN Population Fund. In 2015, supplies of contraceptives were stopped. In 2017, at the Global Summit on Family Planning (FP) in London, the Kyrgyz Republic expressed an "intent to commit" to accelerate progress on FP and ensure the reproductive choice rights for every citizen. As part of the FP2020 initiative, the Ministry of Health for the first time included 3.2 million KGS of contraceptives in the 2018 state budget. State funding for contraceptives procurement for 2019 and 2020 increased to 4.2 and 5.2 million KGS respectively, according to the country's commitments⁶⁴. Since 2020, an emergency contraceptive was included into the emergency health package and primary health care level should conduct procurement to avoid unintended pregnancy in women after sexual violence. According to MICS 2018, the proportion of women aged 15-49 using modern methods of contraception in the Kyrgyz Republic was 37.7%, down 23% from 48.9% in 1997 (DHS 1997). There is still a fairly high level of unmet need for family planning in the country, amounting to 19%. About 12% of women would like to postpone childbearing, and about 7% of women would like to limit their childbearing. For 4 years (MICS 2014 and MICS 2018), the level of indicators has not changed much. The «proportion of women of reproductive age whose family planning needs are met by modern methods» (**SDG 3.7.1 and 3.8.1**) increased by 8% in 2018 compared to 2012 (DHS 2012 - 62.0%, MICS 2018 -67.4%), however the issue of ensuring more targeted provision of modern contraceptives to women from the medico-social risk group remains relevant.

The first case of **HIV infection** was registered in the Kyrgyz Republic in 1987. As of 1 January 2021 there were 10,343 cases of HIV infection registered. From 2014 to 2019, the incidence of HIV infection increased by 15.8% (from 10.5 to 12.2 per 100 thousand population)⁶⁵. HIV prevalence among the general adult population (ages 15 to 49) is estimated at 0.2% level, and at 14.3% for people who inject drugs, 11.3% for prisoners, 6.6% for men living with men, and 2% for sex workers (UNAIDS, 2019)⁶⁶. The number of children newly infected with HIV through mother-to-child transmission is estimated at < 100 per year and is steadily declining, from 6% in 2012 to 2.3% in 2019⁶⁷. The number of new HIV infections per 1,000 uninfected population in 2018 was 0.09 (**SDG 3.3.1**)⁶⁸. The number of HIV cases among injection drug users and the sexual transmission of HIV through their sexual partners continues to increase. Compared to 2012, the sexual way of HIV transmission increased by 1.6 times (71% in 2019 and 74.5% in 2020, compared to 44.7% in 2012) and has become a growing trend. More than 80% of all people living with HIV are of reproductive age of 15-49⁶⁹. About 40% of people living with HIV (4,058) are currently on antiretroviral therapy (UNAIDS 2019)⁷⁰ (**SDG 3.8.1**). Neglect, disclosure of HIV status, refusal to provide health services, and violence were identified as major barriers to prevent and control the epidemic⁷¹.

Gender equality, gender violence. The gender inequality index for the Kyrgyz Republic in 2019 was 0.369 (82nd place out of 189 countries), 1.4 times higher than the average index for Europe and Central Asia (0.256)⁷². Equal rights of men and women are enshrined in the Constitution of the Kyrgyz Republic, and are ensured by the Law *On State Guarantees of Equal Rights and Equal Opportunities for Men and Women*⁷³. The country has developed a *National Strategy for Achieving Gender Equality until 2020*⁷⁴, however, gender stereotypes, customs and practices are still prevalent in the country and are the main reasons of inequalities of women and girls in terms of health, economy and education. Despite measures to promote women's leadership, the number of female members of parliament in the Jogorku Kenesh of the Kyrgyz Republic decreased from 21.7% in 2014 to 15.8% in 2018. Women's representation in local representative bodies also decreased from 19% in 2016 to 11% in 2018, with a quota of 30%. In 2017, the Law *On Protection and Safeguarding against Domestic Violence* was approved⁷⁵. Despite the measures taken, **violence against women and girls (SDG 5.2)**, including early and forced marriages (**SDG 5.3**), is still widespread in the Kyrgyz Republic. Intimate partner and domestic violence are the most common forms of violence against women and girls in the country. 25% of women reported experiencing physical or sexual violence by a partner during their lifetime, while 0.1% reported sexual violence by non-partners (DHS, 2012)⁷⁶. Since 2013, the number of registered cases of domestic violence has tripled⁷⁷. The COVID-19 pandemic had a negative impact on the position of women and men in the Kyrgyz Republic, especially increasing the burden on women, primarily from vulnerable groups. According to official data, violence has increased by 65% compared to the same period last year⁷⁸. Nationwide, about 13% of women marry before age 18, with higher rates of early marriage prevalent in rural areas⁷⁹. More than 20% of marriages in the Kyrgyz Republic are committed by kidnapping girls, and the proportion of violent marriages is 6%. Early and forced marriages reduce educational opportunities for young women and girls and place them at increased risk of intimate partner violence, which in turn negatively affects their overall health and wellbeing. At the same time, there is an increase in the share of women aged 20-24 entering into informal marriages before age 18 from 11.5% in 2014 to 12.9%⁸⁰.

UNFPA began to render its assistance to the Government of the Kyrgyz Republic in 1992 by supporting the preparation of the first national census, by delivering reproductive health commodities and by building up national capacity⁸¹.

The first country programme for 2000-2004 consisted of a population development strategy and reproductive health components. The total budget for the program was \$ 5 million, including \$ 3.5 million from regular resources and \$ 1.5 million from other resources. Only 75 percent of the resources were allocated due to the fact that the annual funding thresholds were lowered. Despite this lack of resources, the main activities planned under the program have been implemented⁸².

The Second Country Programme for 2005-2009 was extended for **2 more years** to align the UNFPA country program with the Country Development Strategy 2009-2011⁸³. That CP covered 3 main areas: reproductive health, population and development strategies and gender equality. The program had an initial budget of \$4.6 million, including \$2.1 million from regular resources and \$2.5 million from other resources. UNFPA assistance was aimed at capacity building, supply of contraceptives, data processing equipment, medical equipment, and technical support in data collection, analysis, advocacy, monitoring and evaluation as well as at implementation of the second national population and housing census in Kyrgyzstan (2009). The timing of the second country program coincided with a period of greatest internal conflict in the country. UNFPA joined the UN Peacebuilding Fund after the tragic events of June 2010 and participated in the delivery of humanitarian assistance within the United Nations system. UNFPA's activities during this period focused on ensuring access to reproductive health services and preventing gender-based violence in the areas affected by the crisis.

The third country program (2012-2017) included four priority areas: reproductive health and rights, youth, gender and gender-based violence, and population and development. UNFPA had successfully supported the government in the following areas: improving the quality of integrated sexual and reproductive health services, including maternal health, family planning, HIV and youth-friendly health services, youth policy development, sexuality education in vocational education, multisectoral prevention and response program on gender-based violence and capacity building through data collection and analysis and population projections⁸⁴. The initial budget for the program was \$5.3 million, of which \$4.1 million was to come from the regular resources and \$1.2 million from co-financing mechanisms and/or other sources⁸⁵.

The current fourth country programme (2018-2022) is aimed at implementing the national priorities outlined in the National Development Strategy of the Kyrgyz Republic for 2018-2040, sectoral state programmes and is coordinated with the Sustainable Development Goals. The programme includes four priority areas: sexual and reproductive health; adolescents and youth (including Peacebuilding Fund interventions⁸⁶); gender equality; and population and development. UNFPA has also been actively involved among other international development partners in supporting the country in response to the COVID-19 pandemic. The approved initial programme budget was \$4.9 million consisting of \$3.4 million from regular resources and \$1.5 million from other resources.

2.2. The role of external assistance

The Kyrgyz Republic has evolved from a republic of the Soviet Union to an independent state. International support played an important role during the first and most difficult period of transition from the centralized economy. During the period of independence, the Kyrgyz Republic received significant external development assistance. The assistance came not only from bilateral and multilateral donors, but also from various private foundations, international NGOs, religious organizations, etc. The loans and assistance that the Republic received were spent on the introduction of the national currency, the implementation of the privatization program, the restructuring of agriculture and other programmes. International organizations (WB, EBRD and IMF) provided substantial technical assistance to the management, banking and financial system of Kyrgyzstan. Figure 4 shows that since 2000 there has been a gradual decrease in Kyrgyzstan's dependency on official development assistance (considering the ratio of ODA)⁸⁷.

Figure 3. Net ODA received (% of GNI)

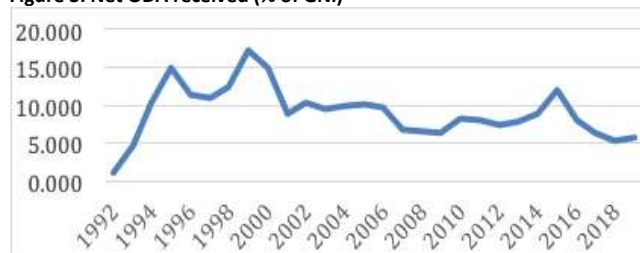


Figure 5 shows the 2010-2018 foreign aid totalling to \$10,193 million, including \$7,320 million of loans and \$2,873 million of grants⁸⁸. Among active donors in Kyrgyzstan during 1992-2018 there were the five largest ones, namely: China, Russia, Japan, Asian Development Bank and World Bank institutions (Figure 6)⁸⁹. Figure 7 shows the 2018-2019 Bilateral ODA contributions by donor government agencies per sector⁹⁰, with domination of the support to health and population sector.

Figure 4. Foreign Aid Receipts, 2010-2018 (in millions of USD)

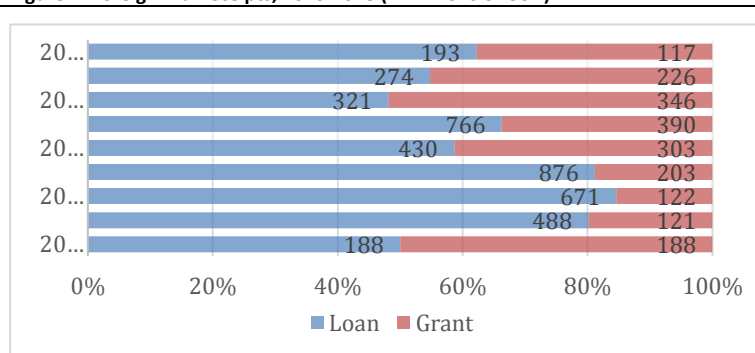
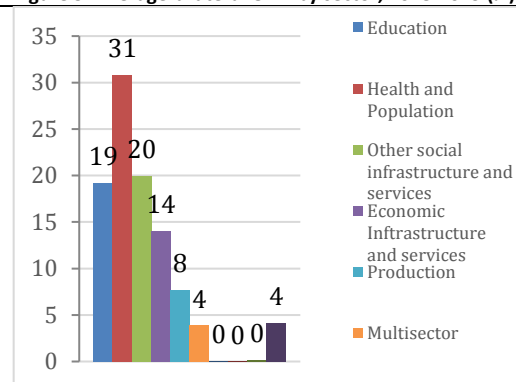


Figure 5. Average bilateral ODA by sector, 2018-2019 (%)



As of August 2020, Kyrgyzstan has received a total of \$333.3 million from international donors⁹¹. By August 2020 the Kyrgyz government has raised more than \$773,090,437 external assistance to combat COVID-19⁹². Most of the assistance were provided by the IMF, ADB, WB, the Eurasian Fund for Stabilization and Development and the Asian Infrastructure Investment Bank⁹³. It is important to note the trend of external aid, when funds received were directed to budget support.

CHAPTER 3: UNITED NATIONS/ UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 UNFPA strategic response

UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA is guided by the International Conference on Population and Development (ICPD) Programme of Action (1994) and the 2030 Agenda for Sustainable Development (2015) as well as other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.



UNFPA is committed to the *Delivering as one* approach and the system-wide coherence principles contained in the Standard Operating Procedures. UNFPA country programmes are fully aligned with the United Nations Development Assistance Frameworks (UNDAF) and implemented to enhance country, regional and global policy coherence, joint programmes, monitoring, and reporting for results. UNFPA is one of three United Nations organizations that chairs the largest number of United Nations country team inter-agency groups and participates in the largest number of joint programmes. As such, it is uniquely positioned to further advance coherence in programme delivery in partnership with a number of UN entities.

The 2018-2021 UNFPA strategic plan informed the 2018-2022 Country Programme for Kyrgyzstan. It reaffirmed the goal of achieving universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth.

UNFPA has committed to focus on three transformative results: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage. The Fund aims to achieve these three transformative results by 2030 through the work of 3 four-year-cycle strategic plans, the first of which is the UNFPA strategic plan, 2018-2021.

UNFPA applies the principles of the 2030 Agenda for Sustainable Development, including protecting and promoting human rights, prioritizing “leaving no one behind” and “reaching the furthest behind first”, ensuring gender responsiveness, reducing risk and vulnerabilities and building resilience, strengthening cooperation and complementarity among development, humanitarian action and sustaining peace and, above all, being efficient, accountable and transparent to all stakeholders.

The strategic plan, 2018-2021, charted the course to achieve the three transformative results and further advanced the implementation of the ICPD Programme of Action. However, during this period, the world faced a series of challenges, not the least the onset of the COVID-19 pandemic. The strategic plan, 2022- 2025, while continuing to advance the ICPD Programme of Action, will concentrate on recovering from the COVID-19 pandemic and restoring the gains lost while accelerating progress towards achieving the three transformative results and the sustainable Development Goals. The new Strategic Plan is expected to pursue some key shifts and adopt new ways of doing business which will impact the development of the new UNFPA Country Programme for Kyrgyzstan and as such these have been taken into account while formulating this report’s recommendations.



3.2 UNFPA response through the country programme

UNFPA presence in the Kyrgyz Republic dates back to 1992, and it has assisted the country by supporting the preparation of the first national census, by delivering reproductive health commodities and by building national capacity in integrated SRH and youth-friendly health services, in the development of policies in youth and gender equality areas, and on data collection and analysis. UNFPA implements its strategic plan at headquarters, regional, multi-country and country levels. Country programmes are at the forefront of implementing the strategic plan. They respond to country needs and priorities, and to the achievement of the Sustainable Development Goals. Country programmes are aligned with the outcomes and outputs of the UNFPA strategic plan and are guided by country priorities, the United Nations Development Assistance Framework (UNDAF), and the revised business model and UNFPA modes of engagement.

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

The third country programme (2012-2017) was developed and implemented within the context of the UNDAF 2012-2016 for Kyrgyzstan, which is guided by the goals and targets of the Millennium Declaration, as endorsed by the GoKR. In 2014, the UNDAF 2012 – 2016 was extended to align with the GoKR's National Sustainable Development Strategy 2013 – 2017. The four UNFPA KR CP focus areas, namely: sexual and reproductive health, including HIV, young people, gender equality, and population and development, were implemented in close collaboration with the KR Ministries of Health, Education, Emergencies, Labour and Social Development, the National Statistical Committee, Mandatory Health Insurance Fund, a number of well-established NGOs and other partners. UNFPA successfully supported the Government in: improving the quality of integrated sexual and reproductive health services, including maternal health, family planning, HIV, and youth-friendly health services, the development of youth policies, sexuality education within the vocational education system, multi-sectoral prevention and response programme for gender-based violence, and building capacity on data collection and analysis and demographic projections. In 2016 evaluation of the 3rd CP was conducted⁹⁴ and several lessons learned were applied to design the 4th CP, 2018-2022. In addition to proposed recommendations, UNFPA used strategic opportunities presented by the Government of Kyrgyzstan who embarked on the National Development Strategy 2040 and extended the *Den Sooluk* health care reforms programme to the end of 2018 to continue efforts to complete the “unfinished” agenda on Millennium Development Goal 5 and to advance the 2030 Agenda for Sustainable Development.

3.2.2. The 4th country programmes, 2018 – 2022

The 4th CP for Kyrgyzstan considered key achievements of the third country programme (2012-2017) as well as the lessons learned and recommendations highlighted in the country programme evaluation. The 4th CP emphasis has shifted from training individuals to strengthening the institutional capacity of national entities, and orienting training programmes towards improving the practical skills of professionals to the implementation of existing policies as policies were not always evidence-based or coordinated and their implementation was weak due to the low capacity of state institutions, frequent turnover, lack of funding, and weak monitoring and evaluation systems; and expanding Country Office (CO) work with parliamentarians and other stakeholders to maintain a favourable environment for sexual and reproductive health with the emphasis on family planning, HIV, youth and gender equality.

The 4th Country program 2018-2022 for Kyrgyzstan (DP/FRA/CPD/KGZ/4) was jointly developed by UNFPA and the Government in close consultations with national partners including civil society partners and approved by the Executive Board of UNDP, UNFPA, and UNOPS on 11 September 2017. The programme covered the five-year period from 2018 to 2022 and focused only on Sexual and Reproductive Health as the main outcome, with other areas such as gender, P&D and adolescents and youth contributing to SRH (this happened as there was significant pressure to ‘focus’ and subsume all the different activities as contributing to SRH as the most pressing issues related to SRH and Youth). However, already in 2018 a new PD outcome was included owing to a large contribution received from a donor to support the 2020 census and other P&D-related activities and a new one on gender (e.g. *Spotlight Initiative* with its own set of outcomes, outputs and related indicators) was added for a similar reason at the end of 2019. Therefore, based on midterm discussions and review of the on going CP in 2019, the Results and Resources Framework (RRF) was updated with PD and Gender outcomes and respective outcome and output indicators and resources⁹⁵. Reportedly there was insufficient guidance and support provided to reconcile the ambition of ‘integrating’ and focusing with what the system could support. Nevertheless, the narrative part of the 4th CP was left as it was approved originally, without reflecting the additional activities and without specifying baseline and target indicator for GE Outcome 3.

Intervention logic of the 4th CP was reconstructed (presented in the Annex 7) based on the updated 2019 CP. The latest CP version better reflects the interventions’ logic through two additional outcomes on GE and P&D, four outputs and their respective indicators and resources with Adolescents and Youth as a cross-cutting one. The

programme was aligned with national priorities (the National Development Strategy 2040), Sustainable Development Goals (SDG), the 2030 Agenda for Sustainable Development. The United Nations strategic planning process and corporate UNFPA theory of change analysis, have been the basis for development of the country programme, which focuses its strategy on advocacy, knowledge management and capacity development.

Outcome 1. Sexual reproductive health. The outcome of this component includes the following outputs:

Output 1: Strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations.

Output 2: Improved evidence-based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations.

Activities' partners for this outcome include Ministry of Health, Ministry of Emergency, Mandatory Health Insurance Fund, Ministry of Education and Science, Parliament, National Statistics Committee, Public Councils of the Ministry of Finance and Ministry of Health, Ministry of Finance, National AIDS Center, State Agency on Youth, Sports and Physical Culture, civil society organizations, Spiritual Administration of Muslims in Kyrgyzstan, United Nations organizations.

Outcome 3. Gender Equality. The outcome of this component includes one output, namely:

Output 3: Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender-based violence in the development and humanitarian context.

To achieve this outcome UNFPA works with the following partners, including Ministry of Labor and Social Development, Ministry of Internal Affairs, Ministry of Health, Ministry of Emergency, National Statistics Committee, Civil Society Organizations.

Outcome 4. Population and Development

The outcome of this component includes the following output:

Output 4: Strengthened national capacity to generate, disseminate and effectively use quality-disaggregated data for evidence-based policy formulation, decision-making and monitoring of SDGs.

To achieve the outcome 3 UNFPA work with the following partners, including Administration of the President, National Statistics Committee, Parliament, Ministry of Labor and Social Development, Ministry of Health, Ministry of Interior, RC office.

The development of the 2018-2022 Country Programme was based on the Government of Kyrgyzstan's National Development Strategy 2040, and was meant to contribute to Kyrgyzstan's progress towards SDG 3 on good health and well-being, SDG 4 on quality of education, SDG 5 on gender equality and SDG 10 on reducing inequalities, SDG 16 on peace, justice and strong institutions, and to advance the 2030 Agenda for Sustainable Development more broadly. The country programme contributed to outcomes 2, 3, and 4 of the United Nations Development Assistance Framework 2018-2022. UNFPA focused its strategy on advocacy, knowledge management and capacity development in its assistance to the Government. Implementation of the 4th UNFPA CP contributes to the achievement of three out of four outcomes⁹⁶ of the UNDAF 2018-2022 for the following priorities: II. Good Governance, rule of law, human rights and gender equality; III. Environment, climate change, and disaster risk management; and IV. Social Protection, Health and Education. The interconnection between the UNDAF outcomes, UNFPA outputs 2018-2022, and UNFPA Strategic Plan 2018-2021 is presented in Annex 8.

3.2.2 The 4th Country Programme financial structure

The 2018-2022 Country program was approved by the UNFPA Executive Board⁹⁷ in an amount of \$3.4 million from UNFPA Regular Sources and \$1.5 million through co-financing modalities and/or other sources, including regular resources. These funds were dedicated to Outcome 1 - SRH and Programme coordination and assistance (Table 4). However, two more Outcomes were added (e.g first P&D and later Gender Equality) as a result of substantial funds raised and following consultations with UNFPA Headquarters and the Regional Office. These outputs were entered into Atlas in 2018 and 2019 respectively and '*formalized during the 2019 mid-term review*'. As a result, the redistribution of funds among three priority directions took place and is presented in Table 5.

Table 4. The UNFPA financial commitment for 2018-2022 (in USD millions) by outcomes⁹⁸

	Regular resources	Other resources	Total
Outcome 1: Sexual and reproductive health	3.0	1.5	4.5
Programme coordination and assistance (PCA)	0.4	–	0.4
Total	3.4	1.5	4.9

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Table 5. The UNFPA financial commitment for 2018-2022 (in USD millions) by outcomes (revised) ⁹⁹

	Regular resources	Other resources	Total
Outcome 1: Sexual and reproductive health	0.9	0.2	1.1
Outcome 3: Gender Equality	0.3	0.9	1.2
Outcome 4: Population and Development	0.5	0.65	1.15
Youth (mainstreamed under PD and some extent to SRH and Gender)	0.4	0.7	1.1
Programme coordination and assistance (PCA)	0.4	–	0.4
Total	2.5	2.45	4.95

Financial structure of the 2018-2022 Country Programme is presented in Results and Resources Framework for Kyrgyzstan¹⁰⁰. Table 5 presents the UNFPA financial commitment for 2018-2022 by outputs. Financial data for three years (2018-2020) of the 4th country programme is presented in Table 6.

Table 4. The UNFPA financial commitment for 2018-2022 by outputs (revised)¹⁰¹

Output 1: Strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations	\$1.1 million (\$0.9 mln of RR & \$0.2 mln of OR)
Output 2: Improved evidence-based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations	\$1.1 million (\$0.4 mln of RR & \$0.7 mln of OR)
Output 3: Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender-based violence in the development and humanitarian context.	\$1.2 million (\$0.3 mln of RR & \$0.9 mln of OR)
Output 4: Strengthened national capacity to generate, disseminate and effectively use quality disaggregated data for evidence-based policy formulation, decision making and monitoring of SDGs.	\$1.15 million (\$0.5 mln of RR & \$0.65 mln of OR)
Programme Coordination and Assistance	Regular: \$ 0.4 mln
TOTAL	\$4.95 million

Table 5. Expenditure for 2018-2020 of the 4th Country Programme, 2018-2022 (in USD)

Programme	REGULAR RESOURCES				OTHER RESOURCES				TOTAL	
	Expenditure				Expenditure				Year	Expenditure
	2018	2019	2020	Total	2018	2019	2020	Total		
Sexual and reproductive health	375,193	503,932	425,354	375,193	95,444	56,438	579,383	95,444	2018	470,637
	503,932			56,438				2019	560,370	
	425,354			579,383				2020	1,004,736	
	1,304,479			731,265				Total	2,035,744	
Gender equality	101,946	114,042	201,052	101,946	594,061	845,576	762,334	594,061	2018	696,007
	114,042			845,576				2019	959,618	
	201,052			762,334				2020	963,386	
	417,040			2,201,971				Total	2,619,011	
Youth	221,616	129,776	173,462	221,616	43,607	51,558		43,607	2018	265,222
	129,776			51,558				2019	181,334	
	173,462			0				2020	173,462	
	524,853			95,164				Total	620,017	
Population dynamics	48,856	5,732	144,560	48,856	78,939	525,704	204,343	78,939	2018	127,794
	5,732			525,704				2019	531,436	
	144,560			204,343				2020	348,903	
	199,147			808,986				Total	1,008,133	
Programme coordination & assistance	15,493	30,303		15,493		5,912		0	2018	15,493
	30,303			5,912				2019	36,215	
	0			0				2020	0	
	45,796			5,912				Total	51,709	
TOTAL	763,104	783,785	944,428	763,104	812,050	1,485,189	1,546,059	812,050	2018	1,575,154
	783,785			1,485,189				2019	2,268,973	
	944,428			1,546,059				2020	2,490,487	
	2,491,316			3,843,298				Total	6,334,614	
Financial commitment	2,500,000							2,450,000		4,950,000
% from Committed resources	99.65%							156.87%		128.26%

Analysis of expenditures of 4th CP for 2017-2019 as well as spending by programme areas are discussed in FINDING section of the report under EQ5 on efficiency.

CHAPTER 4: FINDINGS: ANSWERS TO THE EVALUATION QUESTIONS

This chapter summarises the main findings of the 4th Country Programme for Kyrgyzstan.

RELEVANCE

EQ1: To what extent is the UNFPA support:

- i. adapted to the needs of the population with emphasis on the most vulnerable population; and
- ii. in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas,
- iii. aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model, and
- iv. aligned with the UNDAF, as well as SDGs?

SUMMARY of FINDINGS. The work of the UNFPA in Kyrgyzstan was relevant to the existing situation in the country and addressed pressing needs of the population, in particular those of vulnerable groups. The interventions supported by UNFPA were/are appropriate to support positive changes in lives of most vulnerable and marginalized and excluded population groups (women, youth, disabled, sexual diversities, etc.), and target groups for UNFPA supported interventions were consistent with the identified and evolving needs and national priorities. Through consulting process with key stakeholders the UNFPA programmes addressed the changing needs of beneficiaries, including the COVID-19 response and recovery efforts, to ensure relevance of the CP activities. UNFPA ensured aligning of its support with the priorities set by international and national policy frameworks, including ICPD Plan of Action, UNDAF 2018-2022, National Development Strategy 2040, Sustainable Development Goals (SDG), and the 2030 Agenda for Sustainable Development. Furthermore, 4th CP was completely aligned with the goal of UNFPA 2018-2021 Strategic Plan by addressing three UNFPA outcomes and employing universal, inclusive, human-rights based approach, three transformative results as well as integrated principles of equality, ‘leave no one behind’, and disability.

The analysis of the UNFPA’s documents¹⁰², meetings with the key stakeholders¹⁰³ and online survey¹⁰⁴ showed that the work of the UNFPA in Kyrgyzstan was relevant to the existing situation in the country and addressed pressing **needs of the population, in particular those of vulnerable groups**¹⁰⁵. Evaluation respondents confirmed that the interventions supported by UNFPA were appropriate to support positive changes in the lives of most vulnerable and marginalized and excluded population groups (women, youth, people with disabilities, sexual minorities, etc.), and target groups for UNFPA supported interventions were consistent with the identified and evolving needs and national priorities. KIIs mentioned that to identify needs and priority groups, Country Office had organized consultations with key stakeholders during the programming process, including government partners and civil society. It was noted¹⁰⁶ that UNFPA had “ensured the participation of partners in the discussion of its plans and took into account their {partners} recommendations” and “activities were always developed in response to the needs of the key groups”¹⁰⁷. Evaluation showed that UNFPA programmes addressed the changing needs of beneficiaries as part of the COVID-19 response and recovery efforts¹⁰⁸ and ensured relevance of the CP activities by supporting several studies, including: *Impact of COVID-19 on women and men in the Kyrgyz Republic*¹⁰⁹; *Impact of COVID-19 on young people in Kyrgyzstan*¹¹⁰; and *Impact of COVID-19 on Sexual and Reproductive Health of Women in Kyrgyzstan*¹¹¹.

KIIs¹¹² recognized UNFPA ongoing efforts in situation analysis and research/studies of the pressing issues and needs of most vulnerable groups, analysis-based planning, and flexibility in adapting to unforeseen situations. All online survey respondents agreed that UNFPA conducted needs assessments, studies, and evaluations to identify needs and lessons learned prior to programming and during the CP¹¹³, and the needs of the population, in particular those of vulnerable groups, were taken into account during the programming and implementation processes¹¹⁴. Also, the ongoing CP was built upon the experiences of the previous programme, integrating previous achievements, findings and lessons learnt into their design and implementation. Key programming strategies included providing policy dialogue and develop national capacities to address the needs of the most marginalized groups at the national and sub-regional levels.

The fourth UNFPA country programme focused on advancing **sexual and reproductive health**, reproductive rights, including HIV prevention, particularly targeting women and young people, especially vulnerable groups. Evidence of the country’s needs was identified from several large-scale surveys conducted in the country (DHS, MICS¹¹⁵), the situation analyses (current statistics, HIV epidemiological situation)¹¹⁶ and was synergized with the national strategies¹¹⁷. Scope and objectives of SRH component in UNFPA CP is also designed to contribute to the national priorities defined in the main national documents¹¹⁸. In developing the 2018-2022 Country Programme, the Theory of Change, developed collectively, was used in collaboration with national stakeholders. A problem tree and challenges were developed helping to make clear the focus of the new country programme document¹¹⁹, including the target

groups for the maternal health component: women, adolescents and youth. Moreover, SRH related interventions were tailored to the needs of the country (commissioned by the Ministry of Health), based on the recommendations of the second report of the Confidential Enquiry into Maternal Deaths¹²⁰. Given the high rate of maternal mortality and unmet need for contraception, UNFPA-supported interventions aimed at improving contraceptive access (particularly for women at health and social risk) and building national capacity (government, public and civil sectors, key populations) to improve access to quality SRH and HIV services for women and young people, based on their rights, were relevant to the country, which was noted by the majority of respondents.

CP promoted **gender** equity issues through informed advocacy, research, policies and programmes. The UNFPA CP Gender component was responsive to the needs of key populations and those left behind and partners in Kyrgyzstan. UNFPA made a great contribution to improve the National data collection systems and conducting surveys. Gender statistics fed *ADB 2019 Kyrgyz Republic Country Gender Assessment*¹²¹; *Rapid assessment on addressing the needs of women and girls from religious communities*¹²²; *Kyrgyzstan: gender assessment, 2018*¹²³; *Beijing Declaration and Platform for Action, 2020*¹²⁴; *Gender in the perception of society: knowledge, attitude, practice*¹²⁵. UNFPA provided a prompt response to changes in national developments, such as an urgent crisis related to bride kidnapping and eliminating gender-based violence against women and girls. UNFPA supported various gender related rapid assessment and survey to study *COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic* results of which were used in assisting government, civil society and development actors in mainstreaming their efforts addressing gender response measures and reducing negative impacts of the pandemic on women and girls¹²⁶.

The results of studies performed during 2018-2020 related to **P&D issues**, aimed at identifying the real needs of the target groups with emphasis on the most vulnerable groups, addressed by UNFPA, were taken into consideration when defining the fourth country programme. The 4th UNFPA CP 2018-2022 was built on the progress made by the 3rd CP in providing of improved data collection and analysis related to population issues and strengthened institutional capacities as well as on challenges related to the lack of evidence-based or coordinated policies and their weak implementation due to the low capacity of state institutions, frequent turnover, lack of funding, and weak monitoring and evaluation systems. The 4th CP focused on the implementation of existing policies through support for evidence-based policy formulation and expanding CO work with parliamentarians and other stakeholders to advance the International Conference on Population and Development agenda. Interventions¹²⁷ designed within this programme area reflect the goals stated in the UNFPA Strategic Plan and included preparation to census: 90% of census preparation work was done, including 27,000 people trained; promotion of Demographic concept and Activity Plan; preparation of three Policy Briefs¹²⁸ and support to establishment of *Center of Analytics and Demography* with the support of the High School of Economy, Sorbonne University.

Cross cutting aspects such as the **adolescent & youth** component of the current UNFPA CP continued to focus on young people, which were essential for them to stay healthy, empowered and participate fully in the social, political and economic life of Kyrgyzstan. In collaboration with the State Agency for Youth and Sport (SAYS). UNFPA strengthened national mechanisms to promote the participation of young people in policy and decision-making, use of communication platforms, role play and innovative approaches to strengthen the leadership skills of adolescents and youth, especially those marginalized. Based on its previous experiences and consultations with major youth stakeholders, UNFPA supported the design of *Manual on coordination in humanitarian setting for Ministry of Emergency and SAYS*; capacity building of the SAYS; development and implementation of several projects, including: SDG Ambassadors; Youth Messengers; Promoting Harmony and Cooperation between Kyrgyzstan's Youth and Uzbekistan; Communities Resistant to Violent Ideologies¹²⁹ along with the establishment of Digital platform on psychological assistance and several youth related research. The relevance of activities supported by UNFPA and its implemented partners, helped the Kyrgyz Government to approve the *Concept of Youth Policy* by 2040 and draft *Youth Action Plan* for 2021-2025, which was drafted through a very comprehensive consultative process, with participation and engagement of youth organizations and young people from all over the country. In addition, cross cutting areas such as partnership and communication were reflected in the CP and programmatic area(s) of interventions¹³⁰ as well.

UNFPA 2018-2022 country programme was in line with the priorities set by **international and national policy frameworks**. The CP was developed in cooperation with the Government of Kyrgyzstan, taking into consideration the general framework provided by the UNDAF 2018-2022, national priorities documented in the National Development Strategy 2040, Sustainable Development Goals (SDG), the 2030 Agenda for Sustainable Development. Online survey respondents confirmed that target groups for UNFPA supported interventions were consistent with the identified and evolving needs and national priorities¹³¹.

UNFPA country programme was aligned with the **UNDAF**. As it was specified earlier, the 4th CP strategic outcomes and country programme areas and outputs contribute to achievement of UNDAF outcomes and national priority and development goals guide UNFPA strategic outcomes and country programme areas and outputs. It was expected that implementation of the 4th UNFPA Country Programme would contribute to the achievement of three 2018-2022 UNDAF outcomes and to the National Development Goals, including the following SDGs: 3, 4, 5, 10, and 16. Achievement of the stated strategic goals in the PFD relies on the collective strength of all United Nations agencies working in the country. UNFPA collaboration with key actors in UNFPA-related programme areas such as UN Women, UNICEF, UNDP guided by the standard operating procedures of the United Nations Development Group for Delivering-as-One that makes an important contribution to reaching out the most vulnerable population groups and assisting the country in meeting its international Conventions and frameworks, including CEDAW, ICDP, etc. UNFPA proactively participated in joint programming in sexual and reproductive health and reproductive rights, adolescents and youth, gender-based violence, gender equality, and data collection and analysis.

As such, the 4th Country Programme was completely aligned with the goal of **UNFPA 2018-2021 Strategic Plan**. The United Nations strategic planning process and corporate UNFPA theory of change analysis, has been the basis for the development of the country programme, which focuses its strategy on advocacy, knowledge management and capacity development. After updates in 2019 the 4th Kyrgyzstan Country Programme Document (CPD) for 2018-2022¹³² included three programmatic areas: sexual reproductive health services, gender equality, and population along with the revised outcomes and outputs respectively. To achieve defined outcomes UNFPA Kyrgyzstan implemented its programmes through national ownership, with civil society, United Nations organizations and development partners and built on the momentum of national reforms and work through national coordination mechanisms. In addition to addressing three UNFPA outcomes of its strategic plan in an integrated manner guided by country priorities, the United Nations Development Assistance Framework, the revised business model and UNFPA modes of engagement, UNFPA CP employed universal, inclusive, human-rights based approach, three transformative results as well as integrated principles of equality, 'leave no one behind', and disability inclusion.

EFFECTIVENESS

EQ2: To what extent have the intended programme OUTPUTS been achieved?

SUMMARY OF FINDINGS. Evaluation showed that out of 19 indicators for three outputs 11 were achieved and the others 8 are in progress as they are process indicators. **SRH:** During the period of the 4th Country Programme, UNFPA efforts, in close collaboration with the MoH, MHI Fund, Parliament, civil society, have achieved good results and focused on ensuring reproductive rights, improving accessibility and quality of reproductive health and family planning services, including vulnerable and marginalized population. 7 of the 11 SRH indicators (64%) have been achieved and 4 are in progress. The evaluation noted the country's significant achievement in transitioning to public funding for contraceptives for women at risk due to years of hard work by UNFPA. Respondents noted that in the continuing downward trend of maternal mortality in recent years, excluding maternal deaths from COVID-19, there was a great merit of UNFPA as a result of the work with implementation of the recommendations of the 2nd CEMD report, as well as increasing the availability and choice of contraceptives. **GE:** The evaluation concluded that 3 out of 5 GE output indicators have already been achieved. The rest indicators are process indicators and more time is required to achieve them. The main achievements within GE programme component included: establishment of a National coordination body on multi-sectoral prevention and response to GBV in 2020 and a national referral mechanism for GBV survivors; assessments on SOP implementation in GBV prevention and response and GBV-related law enforcement practices; and development of ethical protocol on GBV – related data collection, recording and exchange. **P&D:** Only one output indicator was achieved during three-year period, namely – *Concept of demographic policy* was developed. The 2020 census was postponed twice and was expected to be implemented in fall of 2021. This delay allowed updating of the census methodology with innovative changes and piloting new changes to avoid any risks. Also, only 4 out of 8 SDG indicators related to UNFPA work were produced due to unavailability of relevant experts and specialists in government agencies. However, UNFPA supported the NSC capacity strengthening in data collection and use, data communication. Also, UNFPA started preparing policy briefs on population situation analysis and women issues. **Adolescent & Youth:** Interventions within this cross-cutting area complemented achievements identified under three components mentioned above by several main results, including: adopted the *Concept of Youth Policy for 2020-2030* and development of its *2021-2025 Plan of Action*; establishment the SDG Youth Ambassadors' Programme to promote SDG and the 20230 Agenda; production of the statistical compendium on socio-economic situation of youth for 2014-2018; introduction of the *Health Life* toolkit and civic education curriculum in vocational schools and madrasah and mobile application on SRH/HIV for young population. Moreover, in partnerships with various development agencies,

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the UNFPA CO was involved in the implementation of two youth-related joint projects. In addition to regular CO activities, UNFPA responded to the 2020 **COVID-19 pandemic** by supporting three studies on the COVID-19 impact; establishing mobile teams to provide online services and distribute hygiene kits; procuring PPE for health facilities and mobile teams; being engaged into work of two coordination platforms (DRCU, DPCC). Major **challenges** facing achievements of the intended outputs included political turbulence, restructuring of Governance and key for UNFPA coordination state institutions that resulted in weak capacity of newly appointed public authorities, lack of political leadership commitments to the UNFPA supported social issues (like SRH, GBV, GE). In addition, a small pool of local experts in GE/GBV areas was a challenge, especially during the COVID-19 pandemic.

SRH COMPONENT. The fourth UNFPA Country Programme, 2018-2022. Status of achievement of output SRH indicators of the 4th UNFPA CP, 2018-2022 as of the middle of 2021 is presented in Table 8.

Table 8. Status of achievement of output SRH indicators of the 4th UNFPA CP, 2018-2022

<i>Indicators</i>	<i>Base -line</i>	<i>Target/ Current status</i>	<i>Remarks</i>
Output 1 of Outcome 1: Strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations			
Indicator 1: The number of guidelines, protocols and standards for service providers for the delivery of quality integrated gender-responsive sexual and reproductive health services and information for women and young people including vulnerable and marginalized populations revised/developed and implemented.	14	19/29 (2021)	The indicator has already been achieved. This indicator includes documents such as clinical guidelines/protocols/standards developed or revised during 2018-2020 with UNFPA support and approved by MoH orders. 15 developed/revised documents ¹³³ were identified based on UNFPA annual reports 2018-2020, approval of documents clarified on the MoHSD website ¹³⁴ and during interviews ¹³⁵ .
Indicator 2: Sectoral humanitarian plans include sexual and reproductive health needs of women, adolescents and youth	0	1/1 (2021)	The indicator has already been achieved. The indicator includes cross-sectoral/sectoral emergency response plans that reflect the SRH needs of women, adolescents and young people. The COVID-19 Response Plan and early recovery liaison between the Government of the Kyrgyz Republic and the ERCC ¹³⁶ included these issues ¹³⁷ . In addition, a Minimum Initial Service Package (MISP) has been developed and included in the Regulation on <i>Inter-sectoral Collaboration to Prevent, Respond and Address Gender-Based Violence in Emergencies</i> ¹³⁸ . The SRH tool for adolescents in emergencies is adapted to the Kyrgyz context. Simulation exercises have been conducted, with the active participation of youth teams.
Indicator 3: The number of institutions received support from UNFPA that are able to provide SRH and HIV services to key populations including people living with HIV	19	27/27 (2021)	The indicator has already been reached. 27 institutions have been identified as key population friendly to provide them with integrated SRH and HIV services ¹³⁹ . A training module has been developed and implemented in the curriculum of the KSMICE. Specialists from the pilot institutions have been trained, but there is not yet an order from the MoH assigning this work to the pilot Family Medicine Centres ¹⁴⁰ .
Indicator 4: Number of new sexual and reproductive health learning courses with approved curricula in institutions for training.	1	3/3 (2021)	The indicator has already been achieved. The indicator includes training courses developed or revised during 2018-2020 with UNFPA support. The family planning curriculum has been updated and a curriculum on integrated SRH and HIV services for key populations has been developed. Curricula are integrated into the postgraduate education programme.
Indicator 5: Number of educational institutions that introduced healthy life style curricula	0	30/0 (2021)	Indicator in progress. A working group has now been established and the Healthy Lifestyle Guidelines are being reviewed and updated.
Indicator 6: State standards on health services for adolescents are introduced in family medicine centers	0	30/0 (2021)	Indicator in progress. State standards for health services for adolescents have been developed. Currently under review and approval by the MoH and SD.
Output 2 of Outcome 1: Improved evidence-based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations			
Indicator 1: Number of new policies that include SRHR of women and young people including vulnerable and marginalized populations	0	2/ 3 (2021)	The indicator has already been achieved. The indicator includes those new policies that have been adopted by decree/ decision of the government/parliament or approved by an order of the MoH. Two policy documents have been developed under this indicator: <i>the National Coasted Implementation Plan</i> ¹⁴¹ and <i>the Monitoring Tool for the Implementation of the Law on Reproductive Rights</i> ¹⁴² . The Procurement Law has been amended to allow for public procurement through UN agencies ¹⁴³ . In addition, 2 strategic documents have been drafted but have not yet been approved (explained in the text below).
Indicator 2: Number of studies and surveys for evidence-based policy formulation	3	6/ 13 (2021)	The indicator has already been achieved. At least 10 studies/analyses/evaluations have been carried out/prepared,

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			including MICS 2018. During the COVID-19 pandemic, 3 studies/assessments have been carried out.
Indicator 3: Annually allocated budget for contraceptives for vulnerable women is included in the state budget by the end of 2022	\$40,000	\$50,000/ \$65,000 (2020)	The indicator has already been achieved. In 2018, for the first time, the MoH allocated public funding for the procurement of contraceptives for medico-social risk women in the amount of 3.2 million soms, with an annual funding increase of 1 million soms until 2023. In 2019-2020, funding was increased to KGS 4.2 and 5.2 million respectively ¹⁴⁴ .
Indicator 4: Number of women from vulnerable groups receive contraceptives	0	20,000 /-	There is no current value of the indicator The MoHSD monitoring system does not provide this data. Work is currently underway to improve contraceptive logistics, which will provide more accurate data on women from vulnerable risk groups who have received contraceptives purchased with state budget funds or at a 50% discount under the Complementary MHI programme.
Indicator 5: Percentage of recommendations of second report on confidential enquiry into maternal death implemented	30%	70%/50% (2021)	Indicator in progress and reached 50%. 5 out of 10 recommendations of the second CEMD report were implemented.

Because the 4th CP is ongoing, it is too early to evaluate whether output SRH indicators have all been achieved or not. Some output indicators were not well defined and did not meet SMART criteria (Specific, Measurable, Achievable and Attributable, Relevant/ Realistic, Time-bound/ Timely/ Traceable/ Targeted). Nonetheless, after reviewing annual reports, and triangulating them with information from other documents¹⁴⁵, and from KIIs¹⁴⁶, Evaluation team concluded that four out of six indicators under Output 1 and 3 out of five under Output 2 of Outcome 1 have been already achieved. Below there are evaluation details about progress towards achievement of output indicators for Outcome 1. Document analysis¹⁴⁷, key informants' interviews¹⁴⁸ and online survey¹⁴⁹ show the following **achievements** of 4th UNFPA Country Program 2018-2022 were made during three years of the programme implementation:

Output 1 of Outcome 1. Within the Indicator 1 the following results were achieved:

Clinical protocols/standards are legal documents to monitor the quality of services, payment for treated cases, the development of which usually requires quite a lot of time (at least one year), human capacity input, including the involvement of international consultants and repeatedly passing through an expert committee with an academic background. During the three years of the country programme, UNFPA made a significant contribution, through technical and expert support to MoH, in developing the following documents: i) 6 new clinical protocols for emergency obstetric care providers (*Severe pre-eclampsia, Eclampsia, Diagnosis and intensive care of acute respiratory distress syndrome in pregnancy, Caesarean section, Ectopic pregnancy, Prevention of venous thromboembolic complications during pregnancy, Childbirth and Postpartum*) and 4 new OPSs (*on assessment and stabilisation of women with postpartum haemorrhage; active management of third stage labour; routine early postpartum care; and management of women with complicated postpartum*), developed jointly with GIZ and the Association of Midwives, in the framework of the recommendations of the Second CEMD Report; and II) 2 clinical protocols on family planning (*on the use of implants and subcutaneous injectable contraceptives*). Moreover, *State standards on obstetrics and gynecology* in the Kyrgyz Republic were designed and endorsed by the Government regulation and *Procedures for Development and Implementation of Clinical Guidelines and Clinical Protocol on the Provision and Management of Medical Care for Sexually Violent Persons* were revised. All documents were developed based on the latest international recommendations and evidence base, reviewed and discussed by internal and external experts, approved by orders of the MoH, translated into Kyrgyz language. About 700 service providers from all regions of the republic, specialists of the MH and the MHI Fund were trained on the new guidelines/protocols and they will further examine the quality of services provided in accordance with the newly developed documents¹⁵⁰. According to respondents, the tendency of decreasing maternal mortality rate in the country (not including deaths related to COVID-19) is the result of UNFPA contribution as a consequence of improved quality of services through introduction of clinical protocols into practice¹⁵¹: "*The COVID-19 pandemic demonstrated the relevance of the developed acute respiratory syndrome treatment protocol, which has also been successfully used in treating patients with COVID-19*¹⁵²".

Within the Indicator 2 the following results were achieved:

- The sexual and reproductive health needs of women, adolescents and young people were included in the Coronavirus Response Plan (COVID-19) and Early Recovery Interaction Plan between the Government of the Kyrgyz Republic and the Emergency Response Coordination Unit. As part of this Plan, with the support of UNFPA, the following activities were carried out: (i) development of informational materials on prevention and response to cases of gender-based violence, the launch of hotline for online counselling (117), support to Crisis Centres (+ opened municipal Crisis Centre for victims of domestic violence in Bishkek), work of mobile brigades to assist victims of gender-based violence, etc. (see details in the Gender section)¹⁵³; (ii) UNFPA supported the

MoHSD in coordination and monitoring of the Maternal and Neonatal Health Working Group to ensure access to SRH services during COVID-19, including development of recommendations on management of pregnant women with suspected or confirmed COVID-19. Supported the collection of data used for advocacy to address bottlenecks in the provision of SRH/PSS services during the pandemic¹⁵⁴; and (iii) a significant number of media, video, info graphic and communication interventions aimed at supporting SRH and family planning during COVID-19 were developed, disseminating key information on health education and the danger signs and risks of COVID-19 in pregnancy (including to faith communities)¹⁵⁵;

- A *Minimum Initial Service Package* (MISP) was developed and included into the Regulation on *Intersectoral Collaboration to Prevent, Address and Respond to Gender-Based Violence in Emergencies*. Guidelines on the organization and coordination of SRH measures in emergencies, simulation-based training using the MISP tool in the field and in real time were approved by the MoH and the MoES. More than 70 health service providers have been trained on the MISP. MISP tool is institutionalized in the Osh State University for health care providers¹⁵⁶;
- Guidance on adolescent sexual and reproductive health in emergencies developed¹⁵⁷ and partner organisations capacity (more than 50 specialists from health system, Ministry of Emergency Situations, Youth State Agency and Red Crescent Society) was strengthened in organising and coordinating SRH activities for adolescents in emergencies¹⁵⁸; and
- Provision for youth teams and action plan for introduction of youth teams for emergency response at regional level developed. Simulation exercises on MISP for RH were conducted jointly with the Red Crescent Society with the active participation of youth teams¹⁵⁹.

Within the Indicator 3 the following results were achieved: (i) roundtable resolution stressed the need in identifying Bishkek city, Osh, Jalal-Abad and Chuy oblasts (due to high prevalence of HIV cases) with 2 facilities in each site at PHC level as pilot/ key population friendly to provide integrated SRH and HIV services without stigma and discrimination to key populations, including people living with HIV¹⁶⁰. It was also agreed that all AIDS Centers and Republican and Osh oblast Dermatovenerology Centers would also provide respective services. Later upon request of the national stakeholders it was decided to cover the whole country with 2-3 facilities at the PHC level in each site, which resulted in all oblasts covered by the initiative. (ii) a Manual for health workers on integrated SRH and HIV services for key populations was developed¹⁶¹. A learning program and a Curriculum on SRH and HIV of key populations and PLHIV were developed for professors of Kyrgyz State Medical Institute of Continuous Education (KSMICE), which was approved by its Scientific Council and Ministry of Health. Training materials/courses on integrated SRH and HIV service delivery for key populations were developed. All training courses and materials are institutionalised in the Departments of Family Medicine and Infectious Diseases¹⁶²; (iii) training of health care workers from pilot PHCs to deliver integrated SRH and HIV services to key populations (around 200 people in all regions) has resulted in increased sensitivity of trained health care workers to key populations and increased commitment to condom promotion as a triple protection method¹⁶³. Future plans were to support pilot sites with clinical mentoring of complex SRH and HIV clinical cases with key populations through the ZOOM/ECHO training platform by institute staff¹⁶⁴; and (iv) training on SRH and HIV for key populations¹⁶⁵ was conducted with the involvement of KSMICE¹⁶⁶. NGOs working with key populations played a crucial role in the selection of pilot Family Medicine Centres to provide integrated SRH and HIV services to key populations and PLHIV and were also involved in developing the training module and informing health workers about key populations and their health problems, following the *"nothing without us"* principle¹⁶⁷. NGOs are expected to refer representatives of key populations to trained health workers.

Within the Indicator 4 the following results were achieved: (i) the family planning curriculum was updated and integrated into the educational programme of the Kyrgyz State Medical Institute of Continuous Education, including a distance learning course¹⁶⁸. About 3,600 health workers (family doctors) have strengthened their capacity in family planning¹⁶⁹; and (ii) training programme on the provision of integrated SRH and HIV services for key populations was developed and approved by the Scientific Council of the Kyrgyz State Medical Institute of Continuous Education¹⁷⁰. Training has been provided to health professionals from the pilot institutions (see Indicator 3). Besides that, CO supported the development of the *Monitoring tool for healthcare providers on FP services* in 2019 and organized a Training for trainers (ToT) in collaboration with the Kyrgyz State Medical Institute of Continuous Education and more than 60 healthcare providers, teachers, MHIF have been trained; IUD insertion at post-placental and during cesarean section is an innovative approach was implemented for the last four years that enabled women, especially from medical and social risk groups to control the birth space and fulfill the reproductive rights. With UNFPA support, the capacity of more than 140 health workers in secondary health facilities to insert and remove IUDs in the postpartum period and during caesarean sections was enhanced. A total of about 220 IUDs were inserted during live clinical training in Osh, Karakol, Jalal-Abad and Bishkek.

Within the Indicator 5 a working group has been established with specialists from the Ministry of Education, the Kyrgyz Academy of Education and the Republican Centre for Health Promotion. The working group was reviewing and updating the Healthy Lifestyle Guidelines. The results of their work were planned to be presented in Q3 of 2021¹⁷¹.

Within the Indicator 6 a draft state standard for SRH health services for children and adolescents has been developed and submitted to the MoH for review and approval. Subsequently, it was also planned to coordinate the draft with the Ministry of Economy. Consideration of the draft has been delayed due to the political changes in the country and subsequent changes in the MoH structure. It was expected that harmonisation and approval of the standards would be completed in Q3 2021 to be presented and implemented in Family Medicine Centres by the end of the year¹⁷².

Output 2 of Outcome 1: Within the Indicator 1 the following results were achieved:

- A *National Costed Implementation Plan* has been developed, discussed by the Advisory Council for the Implementation of the *Family Planning 2020 Strategy* in the Kyrgyz Republic¹⁷³ and approved by Order of the MoHSD. The National Action Plan and multi-sectoral approach will enable more successful implementation of FP programmes and remove barriers, provide political support, and help maintain and increase public funding for FP programmes¹⁷⁴;
- With UNFPA support, advocacy work has been undertaken to amend the Public Procurement Law (together with other UN agencies) to enable public procurement of medicines through international organizations to ensure effective pricing and availability of medicines, and to reduce corruption risks in procurement¹⁷⁵;
- A monitoring tool on the implementation of the *Law on Reproductive Rights* has been developed with the main purpose to increase the responsibility of the Parliament and the Government and to draw their attention to the state's obligations regarding reproductive rights, including FP. Monitoring was carried out with the participation of the Parliament's representatives in several regions of the country and the results were presented at the roundtables, which resulted in the Committee's decision to instruct the Government to solve urgent issues related to SRH¹⁷⁶;
- As part of its commitments under the FP2020 strategy, and with support from UNFPA, the MoH and Parliament have developed a five-year plan for a gradual increase of the national budget for contraceptive procurement to meet the needs of 50% of women at high health and social risk of maternal mortality by 2023¹⁷⁷. It was not approved due to the rather large amounts involved in the economic calculations, but the document was subsequently used when drafting the National Action Plan¹⁷⁸;
- With support from UNFPA the *Women, Newborn, Child and Adolescent Health Programme* has been developed but has not yet been approved due to emergency situations in the country¹⁷⁹;
- Detailed report of progress and future challenges was presented to key policy decision makers to ensure effective coverage of midwifery services for the State of the World's Midwifery 2021 (SoWMy2021) through a survey with the Association of Midwives (with GIZ) and through the national work health human resource account (with WHO);
- In order to collect data and produce periodic reports on Family planning funding with the allocation of resources, actual expenditure and distribution of resources, as well as projected availability of resources in the years ahead, the Public Counsel of the Ministry of Finance with Netherlands Interdisciplinary Demographic Institute have been tracking FP expenditures in 2018, 2019 by collecting data from development partners, civil society, private sector, MoH and the Mandatory Health insurance Fund;
- MoH fostered national ownership of supply chain management by the Government that guarantees availability of essential medicines, including RH supplies from the central warehouse down to the end-users. MoHSD with JSI HQ and UNFPA conducted a Supply Chain Assessment in 2020 by engaging development partners¹⁸⁰, which will further result in a plan of action on how to best leverage scarce resources to integrate and strengthen supply chain capacity and to advocate for the enhancement of the existing supply chain. The report and action plan were endorsed by the MoHSD in 2020.

Within the Indicator 2 the following results were achieved: (i) MICS was conducted in collaboration with the NSC and UNICEF and USAID in 2018¹⁸¹. MICS data provides robust evidence for the Government of the Kyrgyz Republic to build a comprehensive picture of the lives of women and children in Kyrgyzstan and to track progress towards the Sustainable Development Goals (SDGs)¹⁸²; (ii) analysis of *Megatrends and Their Impact on Reproductive Rights through a Family Planning Perspective* prepared¹⁸³; (iii) economic analysis of financial impacts of contraceptive procurement (two scenarios considered: through tender procurement and UNFPA Procurement Unit)¹⁸⁴; (iv) STI Report for Key Populations prepared and presented to stakeholders, decision makers¹⁸⁵ and others.

Within the Indicator 3 according to the commitments made under Strategy FP2020, in 2018, the Ministry of Health allocated for the first time public funding for the purchase of contraceptives for medico-social risk women in the

amount of 3.2 million soms, with an annual increase in funding of 1 million soms until 2023. In 2019-2020, funding for contraceptives has been increased to KGS 4.2 million and KGS 5.2 million respectively¹⁸⁶. *"The country's commitment to allocate public funds for contraceptive procurement for vulnerable women is the result of significant advocacy work by both national partners and UNFPA"*¹⁸⁷. Moreover, to maintain the sustainability of public funding as a result of advocacy activities, a separate budget line for family planning activities has been allocated in the MoH. More than 50 representatives from Parliament, MoH, healthcare institutions and civil society organizations strengthened their capacity on program budgeting, budget performance indicators and mid-term expenditure framework to increase access of vulnerable groups of women to FP¹⁸⁸.

Within the Indicator 4 the following results were achieved:

- With UNFPA support, the e-Health Centre has developed an electronic *Register of women of reproductive age in the medico-social risk group* based on the DHIS2 platform currently piloted in one of the Family Medicine Centres in Bishkek. The database will make it possible to obtain more accurate data on the number of women in the medico-social risk group and their use of contraception, including the sources of contraception (state budget/ MHI funds/ own funds). Based on data from the Register, the MoH will be able to determine the real need for contraception for this category of women, to visualize the data, etc.¹⁸⁹;
- The accounting and reporting documentation was revised; a Monitoring Tool for determining the effectiveness of contraceptive use by women at risk and an Instruction for health workers on recording, identifying and reporting on contraceptive use by women at risk were developed and approved by the MHKR order¹⁹⁰;
- A special interface has been developed for the MHI online database, Electronic Prescription, developed on the SimBase platform, which provides easy access for prescribing under the MHI Supplementary Programme, including contraceptives. The interface has been rolled out to PHC organisations in all regions of the country¹⁹¹;
- The list of contraceptives in the Additional Drug Package under the Mandatory Health Insurance Fund programme was expanded to provide insured citizens with a discount of up to 50% of the cost of family planning medicines¹⁹². Monitoring of women's accessibility to the MHI policy and to the Benefit Supplementary Package in the regions was carried out. For the period from 2017 to 2020, an increase in the number of prescriptions for contraceptives under the Additional Drug Package programme for insured citizens has been observed (2017 – 6,159 for the amount of 2 mln. soms; 2020 – 15,053 prescriptions for the amount of 7.7 mln. soms. – 15,053 prescriptions for the amount of 7.4 million soms; increase in the number of prescriptions was by 2.4 times; financial resources by more than 3.5 times)¹⁹³;
- Emergency contraceptive medication has been included in the list of emergency contraceptives at PHC level for women who have suffered sexual violence to prevent unwanted pregnancies¹⁹⁴.

Within the Indicator 5 the following results were achieved: (i) a short-term action plan (2018-2020) to implement five out of ten recommendations of the CEMD report was developed and presented to all stakeholders, with participation of MoH, Parliament and civil society representatives¹⁹⁵; (ii) within the framework of the recommendations of the second CEMD report 6 new clinical protocols for emergency obstetric care and 4 SOPs were developed (for more details see explanation of Indicator 1); and (iii) a mid-term implementation review of the recommendations of the second CEMD report was carried out¹⁹⁶.

Evaluation respondents identified the following **challenges/ opportunities** in achieving targeted indicators for two outputs of outcome 1. **Challenges.** Certain inertness of state bodies and lack of time to focus on procurement of contraceptives along with low involvement of civil society and business sector in SRH/ HIV issues¹⁹⁷. Limited delivery of contraceptives to at-risk groups as existing MoH information systems currently do not allow to determine the exact number of women of medico-social risk group, including those in need of contraceptives. Low capacity/ lack of IT specialists in the health system and lack of motivation. Insufficient public official knowledge of the needs of key population¹⁹⁸, UNFPA/ state funding of SRH and HIV related activity for key populations along with short time for project implementation and work in stressful conditions. Despite the fact that the work in the SRH/ HIV programme area has been carried out since 2018, there is still no order of the Ministry of Health of the Kyrgyz Republic fixing the work on the provision of integrated SRH and HIV services to the pilot FMC. Availability of SRH and HIV modules only in electronic version is not always convenient to work with key populations, especially those groups working at nightshifts and with insufficient capacity of smartphones¹⁹⁹ as well as it is difficult for sex workers to participate in trainings full time due to specifics of their work. Respondents noted that service providers have limited access to developed clinical protocols²⁰⁰, their approval process faced difficulties²⁰¹, and implementation of clinical protocols requires practical training as only theoretical knowledge is not enough²⁰². In addition, FP is often criticized from cultural and religious views and there is not always supportive attitude of heads of medical organizations and medical staff as well, who demonstrate stigma and discrimination attitude towards key populations²⁰³. **Opportunities.** Availability of UNFPA external expertise²⁰⁴ and financial support for national experts to develop clinical protocols.

Good practice of UNFPA to send out new national and international documents on SRH/MH/FP and HIV to all partners involved on a regular basis²⁰⁵. Institutionalization of UNFPA supported results through certificate and credit programmes that motivate health workers. Involvement of NGOs/key population involved in all SRH/MH/FP and HIV related activities.

GENDER EQUALITY. The fourth UNFPA Country Programme, 2018-2022. Status of achievement of output GE indicators of the 4th UNFPA CP, 2017-2021 as of mid-2021 is presented in Table 9.

Table 9. Status of achievement of output GE indicators of the 4th UNFPA CP, 2018-2022

Indicators	Base-line	Target/Current status	Remarks
Output 3 of Outcome 3: Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender based violence in the development and humanitarian context.			
Indicator 1: National coordination body on multi-sectoral prevention and response to gender based violence is established	No	Yes/Yes	The indicator has been achieved.
Indicator 2: Number of joint assessments of implementation of developed standard operating procedures in prevention and response to gender-based violence including a focus on adolescent girls	0	3/2	The indicator has not been achieved, it is in progress Two assessments were conducted in 2019.
Indicator 3: National referral mechanism for survivors of gender based violence is established.	No	Yes/Yes	The indicator has been achieved
Indicator 4: Ethical protocol on data collection, recording, reporting and exchange of sexual and gender based violence data is developed.	No	Yes/yes	The indicator has been achieved
Indicator 5: Module on positive masculinity is introduced in vocational schools.	15	25/20	The indicator has not been achieved yet - in progress. The module on positive masculinity was introduced in 5 more vocational schools ²⁰⁶

The 4th CP 2018-2022 is ongoing, so not all indicators have been fully achieved yet. Some indicators were process indicators and more time is required to achieve them. The evaluation team concluded that 3 out of 5 indicators have already been achieved. Document analysis, key informants' interviews and online survey shows the following achievements of the 4th UNFPA CP within gender component by output indicators.

Within the Indicator 1 the following result was achieved, namely - a national coordination body on multi-sectoral prevention and response to gender-based violence was established in 2020 and formalized by the Government Decree № 5 of 13.01.2020. During 2018 – 2020 UNFPA supported series of activities that led to this result, including: a round table meeting supported the MLSD to discuss the coordination mechanisms to respond to family and gender-based violence and review the legal framework for multi-sectoral response; expertise to develop regulations for coordinated response to gender violence. Assigned by the Prime Minister's Office, the coordination body worked as the MLSD unit and its role was to ensure coordination of activities of state bodies and other entities involved in the protection and defence from domestic violence. The *Spotlight Initiative* programme supported the MLSD in drafting regulation on staff roles of the Domestic Violence Prevention and Coordination Unit responsible for coordination of implementation of the law *On prevention and protection from domestic violence in the Kyrgyz Republic*; and in its cooperation with networks of grassroots activists working to stop sexual and gender-based violence.

Within the Indicator 2 the following results were achieved:

- The *Spotlight Initiative*²⁰⁷ supported joint assessments of implementation of developed SOPs in prevention and response to GBV (including a focus on adolescent girls) and law enforcement practices of the internal affairs bodies in the field of domestic violence (DV)/GBV. Assessments revealed the gaps in legislation and service delivery to the survivors of GBV/DV²⁰⁸. Based on the results of the assessment UNODC, UNDP, OSCE and interagency group initiated the review and drafting of recommendations to the legislation, including new versions of the Criminal Code, the Code of Criminal Procedure and the Code of Offenses. On 7 June 2021, the Council for Improving Judicial and Law Enforcement Activities under the President of the Kyrgyz Republic approved drafts of new versions of the codes to be sent to the Jogorku Kenesh of the Kyrgyz Republic in the coming days;
- UNFPA supported a *Monitoring of the documentation of cases of domestic and gender-based violence in health care centers* in 2019 jointly with MoH to improve the quality of MoH documentation and strengthen control over the timely and quality filling out Form 003-3u by general medical practitioners. Following the assessment, over 50 healthcare service providers were trained on documenting GBV cases and providing psychological assistance to GBV survivors²⁰⁹;

- UNFPA in partnership with UNDP and UNODC provided support to the General Prosecutor’s Office (GPO) and the NSC with the development and introduction of gender disaggregated statistical forms entered into the Unified Register of Crimes and Misdemeanours on gender-related crimes.

As for the achievement of the Indicator 3 the 2020 COAR²¹⁰ stated: ‘A national referral mechanism for survivors of gender-based violence was established²¹¹’ and one out of 2 SOPs was adopted to contextualize the Essential Services Package. Respondents confirmed that an overview of the GBV legislation analysis was conducted along with mapping of existing essential services at national and sub-national levels. Now the final report with recommendations is being prepared for the Government of Kyrgyzstan consideration²¹².

Within the Indicator 4 the *Ethical protocol on data collection, recording, reporting and exchange of sexual and gender-based violence data* was developed²¹³. At the same time, together with UNFPA IP Center of Democratic development²¹⁴, a survey methodology on IMAGES²¹⁵ to conduct face-to-face interviews in July 2021²¹⁶ was designed as well.

Within the Indicator 5 the *Module on positive masculinity* was finalized by Muftiyat (with adoption to the context of the male madrasa²¹⁷) and was introduced in the 5 vocational schools with the support of UNFPA country office²¹⁸. Before that in 2018, UNFPA supported monitoring of the application and introduction of the module to collect feedback for the development of the *Guide on positive masculinity* in 2019²¹⁹. Moreover, 25 madrasah teachers were trained on teaching of the module. In addition, UNICEF and UNFPA produced advocacy videos on positive masculinity within the Spotlight initiative²²⁰.

Evaluation identified the following key **challenges** in achieving targeted indicators for output 3 of outcome 3 and they were: (i) the lack of political leadership commitment to gender equality and women's rights to freedom and protection from GBV, and political will to prioritize the gender empowerment/ GBV agenda and allocate adequate budget that is so crucial in situation of radicalization and more conservative values of society with intensified emphasis on more restrictions and conservative roles for women in protecting a family; and (ii) a small pool of local gender experts in Kyrgyzstan and high competition for their services among development actors²²¹.

POPULATION AND DEVELOPMENT. Outcome and Outputs for Population and Development programme area was added in December of 2019 as CO was ‘heavily involved in preparation of 2020 Census’²²². Status of achievement of output P&D indicators of the 4th UNFPA CP, 2018-2022 as of mid-2021 is presented in Table 10. It should be mentioned that all output indicators were clearly formulated with well-defined targets.

Table 10. Status of achievement of output P&D indicators of the 4th UNFPA CP, 2018-2022

Indicators	Base-line	Target/ Current status	Remark
Output 4 of Outcome 4: Strengthened national capacity to generate, disseminate and effectively use quality disaggregated data for evidence based policy formulation, decision making and monitoring of SDGs.			
Indicator 1: Census 2020 is conducted.	No	Yes/No (2021)	The indicator has not been achieved yet – in progress. Census was moved to 2021 as of COVID-19 pandemic.
Indicator 2: SDG indicators related to UNFPA work are domestically produced.	8	12/4 (2021)	The indicator has not been achieved yet – in progress, 4 out of 8 targets were produced ²²³ and the others were postponed to 2021 due to the impact of COVID-19 and the unavailability of relevant experts and specialists of respective government agencies ²²⁴
Indicator 3: Concept on demographic policy is developed.	No	Yes/Yes (2021)	The indicator has been achieved. A draft Concept of Demographic Policy for 2020-2040 was developed

Document analysis²²⁵, key informants’ interviews²²⁶, and online survey²²⁷ showed the following **achievements** of the 4th UNFPA Country Program 2018-2022 within P&D component by output indicators. Within the Indicators 1- 3 the following results were achieved to date:

Indicator 1: Preparation work for 2020 census was finalized just a couple of days before the COVID-19 pandemic started in March 2020, including training of 27,000 coordinators, support to NSC to raise awareness on census through the launched website, and audio/video spots in preparation to support Government informational campaign. Two pilots of census were conducted in 2019 to assess its design, methodology and a mobile data collection application²²⁸.

Indicator 2: In collaboration with the NSC and UNICEF MICS was conducted in Kyrgyzstan. As a result, tier 1 and tier 2 UNFPA SDG indicators were produced at national level and were published in *Women and Men of the Kyrgyz Republic*²²⁹. This annual statistical compendium contained statistical data on the number and age composition of women and men, covered gender disaggregated data of the population and labour

force, the representation of women and men in the Government, employment and unemployment status, data on living standards, wages, data on migration flows and other SDG related indicators essential for the development of evidence-based policies and programmes. Also, 2018 MAPS mission identified 3 main areas for acceleration of achievement of SDGs and one of them is human capital that includes the ICPD issues and UNFPA mandate. All UNFPA comments were accepted and included into the MAPS mission report.

Indicator 3: A draft *Concept of Demographic Policy for 2020-2040* was developed. It was prepared on the basis of the current socioeconomic trends, population dynamics, international situation and population forecast of the Kyrgyz Republic. It is a strategic document in that it should define and shape the socioeconomic development of the Kyrgyz Republic in a long-term perspective. Draft *Concept on demographic policy* was presented to the government for discussion and comments. At the time of evaluation the Concept was not approved yet and there was certain hesitation of Government to present it, as they were waiting for the census results²³⁰;

In addition, UNFPA prepared three Policy briefs²³¹; supported an establishment of *Center of Analytics and Demography* in collaboration with High School of Economy (Russia) and Sorbonne University (France); and strengthened NSC capacity in interacting with data users.

At the same time, evaluation identified the following main **challenges** in achieving targeted indicators for output 4 of outcome 4. *First*, the crises connected with COVID-19 pandemic and 2020 political instability following the October elections had a negative impact on all activities planned under Output 4 and they were either postponed for later or reviewed and updated in terms of methodology, timeframe and resources. For example, the Population and Housing census was postponed twice in 2020 but it allowed introducing some innovation (like use tablets and Internet in addition to paper questionnaires) with follow up piloting of changes in census methodology to avoid serious risks to the successful completion of the 2020 Census in Kyrgyzstan. *Second*, as of the low ability to use statistics, especially gender related, and build informational and advocacy campaigns based on evidence, respondents noted importance of attracting other than just printed visuals and plain TV/ radio aids, there is a need to use infographics, live TV/ radio airing, and other visual elements as well as UNFPA Goodwill Ambassador²³².

Cross cutting issues. There are no separate outputs/outcomes specific to **Adolescent and Youth** programme area. Below, there are evaluation findings related to this cross cutting component complemented achievements identified under outputs of Outcome 1, 3, and 4.

- *The Concept of Youth Policy for 2020-2030* was adopted with the resolution of the Government of the Kyrgyz Republic No. 562 of 18 October 2019. The *Concept of Youth Policy* is a strategic document of the Kyrgyz Republic that aims to define and prioritize youth issues and develop strategies and tools that would respond to youth prospects and challenges. Furthermore, under UNFPA's technical leadership, a *2021-2025 Action Plan* to implement the *Concept of Youth Policy for 2020-2030* was developed as part of the work of the UN Youth thematic group and in partnership with the SAYS, and submitted to the Government for approval;
- In partnership with the SAYS, the UN Youth theme group led by UNFPA launched the SDG Youth Ambassadors' Programme to promote the role of young people in the implementation of the 2030 Agenda. 34 young SDG Youth Ambassadors developed action plans focusing on raising awareness on the SDGs and the 2030 Agenda among various stakeholder groups;
- The statistical compendium *Youth in the Kyrgyz Republic* on the socio-economic situation of youth in the Kyrgyz Republic for the period of 2014-2018 was developed;
- *Health* toolkit has been integrated into the curriculum of madrasahs with approval from Muftiyat and 120 madrasah teachers were trained on toolkit use by the CO;
- Mobile application on SRH and HIV was developed for young groups of key populations to provide information on how HIV is transmitted and ways of protection from it, contraceptive choice, STIs, healthcare settings where HIV and SRH services can be received;
- UNFPA CO, jointly with UNICEF and UNWomen implemented the *Communities resilient to violent ideologies* supported by the Peace Building Fund (PBF). The UNFPA CO supported the integration of civic education as a subject in 11 pilot madrasahs and 8 vocational schools as well as the development of educational materials and training of 100 teachers and 300 students;
- In cooperation with UNDP, UNICEF, FTI and IDEA CA, UNFPA was involved in implementation of *Promoting Kyrgyzstan's Youth cohesion and interaction towards Uzbekistan* project. The project took stock of the momentum in the cooperation between the two countries and aimed at entrenching positive peace factors. For example, 9 youth action plans on promoting tolerance in the border areas were implemented with participation of around 3,000 people. The local government provided financial support for these initiatives allocating more than \$6,000;

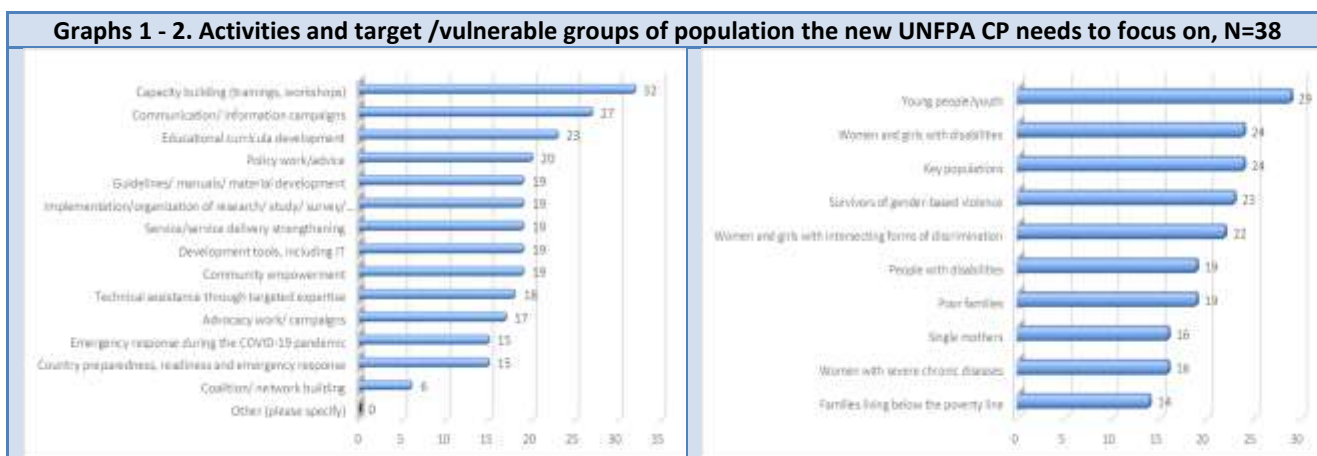
- UNFPA CO provided internship opportunities in its office. In 2018 alone, nine young people had such opportunity to help office personnel on various programmatic and operational aspects of the office work, and better understand the work of UNFPA and UN system in the country as well. This continued in subsequent years.

The following **challenges** during implementation of the A&Y related activities and PBF projects were identified, including: low interest of members of the UN Youth Theme group to contribute funding to joint group activities and a lack of competent experts in Kyrgyzstan, who understand religion, law, and gender issues at the same time. The later limited integration of civic education, especially in the madrasahs. Moreover, the competent experts in the civic education subject were mainly Russian speaking, while staff of Spiritual Administration of Muslims of Kyrgyzstan was mainly Kyrgyz-speakers, so that a lot of resources and time were spent on translations and various explanations;

In addition to the planned interventions within the 4th CP, in 2020 UNFPA was involved in activities aimed at responding to **COVID-19 pandemic**. UNFPA CO: (i) supported 3 studies/evaluations: *Impact of COVID-19 on women and men in the Kyrgyz Republic*²³³, *Report on the impact of COVID-19 on young people in Kyrgyzstan*²³⁴, and *Impact of the COVID19 Pandemic on the Sexual and Reproductive Health of Women in the Kyrgyz Republic*²³⁵; developed a *Guideline on prevention of emotional burnout of key population activists in crisis/emergency situations, including COVID-19*; (ii) procured 8 types of PPEs in amount of 8,800 of each type for 33 health facilities and mobile teams²³⁶; (iii) established 46 Mobile Teams to, among other issues, support coordination of online psychological services and distribution of hygiene kits during COVID-19 lockdown and high quarantine periods in affected/red zone; created four Mobile Groups for rapid response to GBV in Bishkek²³⁷; supported the operation of 117 hotline; and provided social and psychological assistance to 136 female victims of gender-based violence through to crisis center²³⁸; (iv) provided expert support to the MLSD to help mainstream gender issues into COVID-19 response; and (v) was actively engaged into work of two main coordination platforms: 1) the Disaster Response Coordination Unit (DRCU), and 2) the Development Partner Coordination Council within the Health Sector response to COVID-19.

Key challenges (in addition to already mentioned above) faced by the CO due to the **COVID-19 pandemic** include: (i) necessity to conduct public events, informational and awareness campaigns, and most services online that resulted in delaying and/or cancelling activities, especially at the community level; (ii) addressing COVID-19 issues shifted the CO and its partners priorities and made it to find the right balance between programming for immediate needs and longer-term strategic interventions; (iii) sharp increase in cases of VAWG (against achieved earlier progress) as of largely underfunded services provided by non-governmental crisis centres; (iv) further decrease of capacity of UNFPA key government partners as of a lack of state procedures and modalities for remote/online/digital service provision and work of public authorities during emergency situations; and (v) decreased connectivity and working capacity of the UNFPA and UN agencies staff team as well as and some international implementing partners.

As UNFPA will soon be formulating a new 5-year Country Program within its mandate area (gender, youth, SRH, HIV, population and development), evaluation online respondents were asked to provide their opinions on what activities²³⁹ and which target/ vulnerable groups²⁴⁰ the new CP should focus on. Graphs 1 and 2 reflect respondents' opinions. Other areas specified by respondents include *Population aging* and *Healthcare from children early years*. In addition to proposed target and vulnerable groups of population the new CP needs to focus on, older persons mentioned by online respondents, *religious communities*, and *young families*.



Considering the new UNFPA Strategic Plan 2022-2025 and its focus on accelerating and scaling up the already achieved results in order to reach the three transformative results, along with consideration of opinions from evaluation respondents, it will be important for UNFPA Kyrgyzstan to focus on young people in general and girls specifically as well as on women. The UNFPA *LNOB* agenda of reaching most vulnerable groups and underserved allows CO to identify and prioritize those groups not only during CP strategic planning process, but also throughout its implementation. There are five Modes of Engagement used by UNFPA. Survey results show that capacity building is one of the type of engagement with CO partners identified by most of respondents in addition to advocacy and policy dialogue, knowledge management and partnership and coordination. KIIs also confirmed the importance of building and strengthening of CO partners' capacity. At the same time, it is important to mention that in times of emergency, like COVID-19 pandemic, innovative solutions and digital approaches play a crucial role and their application allows to continue programme activities implementation without compromising much of such important principles as inclusion, equality and non-discrimination. Evaluation shows that with some challenges from both CO and government side, CO managed to adapt its own and its IPs' activities to '*the new online reality*' by actively employing online application for meetings, workshops and training; messengers for group discussions and making decisions in emergency situations; digital platforms to meet and have social interaction, especially used by youth. However, with the increased investment into digital transformation and interventions a possibility of achieving much and more tangible results increase as well.

EQ3: To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

SUMMARY OF FINDINGS. Evaluation showed that it is difficult to quantify the extent of contribution of various outputs to the achievement of the planned outcomes when some indicators were hard to be measured in time, or can only be calculated in a very approximate way, or not identified at all. In three years none of four outcome indicators were achieved and when two of them are in progress, the targets for the other two were either not identified or was not measured yet. However, the following outputs' contribution to the achievement of the planned outcomes can be estimated from KIIs and analysis of available documents. **SRH:** Although at the moment it was not possible to assess the "*proportion of women with satisfied FP needs*", the evaluation showed that UNFPA-supported activities have increased the use of integrated SRH and FP services by vulnerable and marginalized populations: a list of categories of persons at risk of maternal mortality was developed. The adolescent birth rate has decreased by more than 20% in the last 5 years. Evaluation also noted as a significant achievement for the country the development of the first strategic document on family planning - *the National Family Planning Costed Implementation Plan*. **GE:** When targets (both baseline and planned) for outcome indicator were not identified at all and the progress of Outcome 3 achievement was not possible to measure, evaluation estimated potential contribution of the output 3 of Outcome 3. UNFPA support in establishment of the National coordination body on multi-sectoral prevention and response to GBV and working group within DRCU as well as increased dialogue and coordination with of government, religious community, development actors on GBV and child marriage issues, especially during COVID-10 pandemic, made important contribution to decrease proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence by their intimate partners to extent possible. **P&D:** Despite delay with census to 2021, UNFPA support was important to assist the NSC preparedness to conduct the study, including introduction of digital technologies such as mobile-based data collection application and processing systems. Also, the CO interventions within output 3 contributed to strengthening NSC methodological approaches, communication with data users, preparing compendiums with social-economic data on a specific key population group and institutionalise demographics study as a government policy. Within **A&Y** cross-cutting area UNFPA contributed to defining government youth policy and activities needed to meet needs of young population; integrating healthy lifestyle issues (including SRH, GE, GBV) and civic education into vocational and religious school curricula; attracting attention of national and local governments, religious and community leaders, and development actors to importance of youth policy and collective response to needs of this group of population. The CO leading role in this area made UNFPA a strong advocate for youth interests recognised by all stakeholders. **COVID-19** pandemic made the CO to re-program most of its interventions. UNFPA experience in responding to the pandemic emergency contributed to the strengthening the CO operational capacity, supplying government and development actors with needed data, coordinating support with humanitarian aid, and expertise.

Evaluation showed that it is difficult to quantify the extent of contribution of various outputs to the achievement of the planned outcomes when some indicators are hard to be measured in time, can only be calculated in a very approximate way, or not identified. Nonetheless, the following outputs' contribution to the achievement of the planned outcomes can be estimated from KIs and analysis of available documents.

SRH. Evaluation demonstrated that outcome indicators established for monitoring and evaluation of SRH area in outcome 1 are either collected only by large-scale surveys or can be based only on estimations from routine statistics. The following Table 11 presents the best available information that only can serve for an approximate assessment of the trend of the progress in the program area.

Table 11. Status of the outcome indicators for SRH area of the 4th CP

<i>CP/ Outcome/ Indicators</i>	<i>Baseline</i>	<i>Target/ Actual result</i>	<i>Remarks</i>
Outcome 1: Sexual and Reproductive Health			
<ul style="list-style-type: none"> Indicator 1: Proportion of women of reproductive age (aged 15 – 49 years) who have their need for family planning satisfied with modern methods. 	67.4	68/-	There is no current value of the indicator, as data for its calculation is collected only during large-scale surveys (DHS, MICS). The last MICS was conducted in Kyrgyzstan in 2018. (indicator value of -67.4% was taken as a baseline).
<ul style="list-style-type: none"> Indicator 2: Adolescent birth rate (15-19 years) per 1000 women 	42 (2015)	30/ 33,4 (2020) ²⁴¹	The indicator is in progress. The indicator is calculated from routine statistics and is tracked by the National Statistics Committee.

Interviews with key informants²⁴², analysis of UNFPA documents/reports²⁴³ demonstrated that that the outputs contributed to the achievement of the outcome 1 formulated in CP despite the fact that it is difficult to evaluate extent of contribution of different outputs. Although it is not currently possible to track the current value of the indicator 1, the following work (in addition to interventions described in EQ2) is being carried out with UNFPA support to improve access to modern contraceptives for women, including vulnerable women from the medico-social risk group: i) in response to the need for targeted provision of contraceptives procured with the state budget, a revised list of persons at medico-social risk was developed. The list of medico-social risk groups includes women of reproductive age with diseases such as diabetes, bronchial asthma, neoplasms, tuberculosis, HIV with clinical manifestations and others, as well as people with disabilities, people from large and low-income families²⁴⁴; ii) an assessment of the supply chain of medicines (including contraceptives) was conducted using the JSI Compass tool (with the joint participation of many partners: UNDP, UNAIDS, UNICEF, WHO, USAID JSI, Soros Foundation, MoH, Department of Drug and Medical Products, Republican AIDS Centre, Republican Immunoprophylaxis Centre, e-Health Centre, Reproductive Health Alliance, business sector etc.) to identify current challenges. Drug supply chain improvement action plan developed and submitted to MoH²⁴⁵. The indicator 2 can be traced both from routine NSC/MH statistics (given that almost all births take place in medical institutions -99.6% according to MICS2018) and from large-scale studies (MICS2014 - 65/MICS2018 - 50). For the period since 2015, according to routine statistics there is a positive dynamics of the indicator (decrease of more than 20%). As part of this indicator, the following work (in addition to interventions described in EQ2) on early pregnancy prevention is being carried out with UNFPA support: (i) two strategic documents addressing issues related to adolescent health, including awareness-raising activities: the *National Family Planning Costed Implementation Plan* (approved by MoH order) and the Draft *National Programme on Women's, Newborn, Child and Adolescent Health* were prepared; and (ii) several articles/videos on SRH, HIV, GBV with a focus on youth and adolescents have been published on social media²⁴⁶.

GENDER EQUALITY. In 2019, The 4th CP was updated with Outcome 3 on Gender Equality. And when indicator was formulated, its baseline and target value were not identified (Table 12). In this case, the progress of achieving Outcome 3 was not possible to measure. Analysis of available UNFPA documents as well as interviews with key informants confirmed that there are no values for baseline and target of the Outcome 3 indicator. The CO assessed it through data from available studies, but was not able to specify result for 2020. At the same, respondents confirmed that all UNFPA interventions within output 3 contributed into raising awareness of GBV and need for its reduction to extent possible, especially in emergency situation like 2020 pandemic. One of the main contribution made by the UNFPA CO was starting intensive dialogue with government at national level and religious community on importance to recognized and then prevent gender-based violence at individual, family and community levels; as well as raising government, development actors, religious leaders and public awareness of such inconvenient social issue as gender-based violence. With its partners of the Spotlight initiative, UNFPA finalised standard operating procedures for survivors of sexual and gender-based violence, including women and girls with disabilities, and the mobile application and platforms important for strengthening coordinated prevention and response reaching out to all women and girls at risk. In addition, UNFPA provided support to endorse and advocate the implementation of the Action plan to end

child marriage are part of action plan to eliminate GBV developed to implement adopted by the Kyrgyz Government Law on Nikka that forbids underage marriage²⁴⁷.

Table 12. Status of the outcome indicator for GE area of the 4th CP

<i>CP/ Outcome/ Indicators</i>	<i>Baseline</i>	<i>Target/ Actual result</i>	<i>Remarks</i>
Outcome 3: Gender Equality			
Indicator 1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence	Not identified	Not identified	Indicator is not possible to evaluate

POPULATION AND DEVELOPMENT. The following Table 13 and the analyses below present the most recent data available, trends and other results of the evaluation based on reports review and KIIs. Achievements and challenges for this outcome were discussed in the QE2. Despite census delay to 2021 and COVID-19 related challenges, all results achieved within this programme area contributed to; (i) preparedness of the NSC to conducting census in September of 2021, including: usage of mobile-based data collection application tested in the second pilot census; mobilization and training additional 30% coordinators resigned in 2020 as of COVID-19; (ii) strengthened NSC capacity in modern methodologies and interaction with data users and media; the population data collection and processing systems with specific attention to AIS “ZAGS” and AIS “Migration”; and (iii) improved the NSC working conditions in Bishkek and regional offices. It is important to mention that a long-term UNFPA commitment in assisting the NSC in the preparation, collection, analysis and dissemination of the National census results and active support to the NSC staff in strengthening their methodological capacity, understanding new approaches in statistics and trends in demographic area as well as to identify gaps and challenges in their work through careful mentoring, expert support and exposure to best international experience contributed to NSC achievements.

Table 13. Status of the outcome indicators for P&D area of the 4th CP

<i>CP/ Outcome/ Indicators</i>	<i>Baseline</i>	<i>Target/ Actual result</i>	<i>Remarks</i>
Outcome 4: Population and Development			
Indicator 1: One population and housing census conducted during the last 10 years	No	Yes/ No (2021)	The indicator has not been achieved yet – in progress. Census was moved to 2021 as of COVID-19 pandemic.

Within **Adolescent & Youth** area, UNFPA interventions, including PBF supported projects, contributed to: development government separate policy on youth with action plan; creation of a solid foundation to expand civic education to vocational and religious schools (madrasas); development/ strengthening of trust relations among religious leaders, police, government and youth; gaining a common understanding on the importance of civic education in madrasahs (religious schools) and vocational schools by state partners at the national level as well as to how participate in the dialogues with different stakeholders, police, local self-government on most pressing issues leading to possible tension and radicalization, such as early marriage, human rights violations. By working in 10 new settlements the CO assisted these communities in: improvement of public and healthcare service delivery; increased local cooperation and dialogues; establishment of four youth NGOs; strengthening local stakeholders’ capacities in gender sensitive planning, positive thinking, reproductive health, family planning; as well as equipping new settlements with medical and IT equipment and Interactive Map on socio-economic, demographic, security information. Moreover, UNFPA contributed to improved knowledge and skills of youth in peace building, civic activism, participatory research, data analysis, community priority identification, PVE initiatives development and implementation.

Based on results of interviews and documents’ analysis, a range of **constraints and facilitating factors** emerged with respect to the contribution of implementing activities within UNFPA programme areas in addition to challenges mentioned in the EQ2. The following major **constraints** were mentioned:

- Political instability, changes in political system, new structure of government and new appointees; high turnover of public authorities (only in 2018 before political changes in 2020, there were the following changes among high level officials and key partners of UNFPA: Ministry of Health, Deputy Minister of Health, Head of Department of the Ministry of Health, Minister of Labor and Social Development, 2 Deputies of Minister of Labor and Social Development) influenced delays in approval of developed draft laws/documents; interruption of knowledge continuity/ institutional memory among governmental/ public officials and Parliamentarians²⁴⁸;

- COVID-19 pandemic: i) made rapid transition of all the CO activities to on-line mode of work facing its shortcomings (disruption of internet connection/no possibility to teach practical skills/ poor feedback etc.)²⁴⁹ and delaying and/or cancelling public events; ii) delayed approval of policy documents; iii) uncovered low capacity and experience of all stakeholders in emergency response situation²⁵⁰;
- The low capacity of the public agencies, including UNFPA partners, to promote, scale up and institutionalize supported by UNFPA practices, aggravated by lack or no intergovernmental communication made UNFPA constantly allocate resources to improve the capacity of, provision of methodological resources and practical application of SOPs/ manuals/ normative legal acts to civil servants as well as the country office to closely follow up with the approval of prepared policy documents by the Government;
- Population mentality (especially at regional and local levels), increased islamisation and radicalization of society (specifically among young people), taboo on open discussion of SRH related issues, traditional approach of tackling sensitive issues (like family planning, sexual education, etc.) by the public authority as well as lack of prevention measures and funding in state budget led to difficulties in preventing/promoting SRH and HIV, especially sexual transmission; creation of preconditions for discrimination of key populations;
- Different implementation pace of UN agencies in joint peace-building projects created barriers for coordination and complementarity of activities of the project.

Facilitating factors include: (i) UNFPA's strategic approach and consistency in programme approaches, aggregation of international and practical experience; planning process with stakeholder involvement; careful selection of experts for work; CO human factor: personal connection, trust, understanding, support, team spirit. UNFPA coordination with development partners, government, civil society organizations and their commitment to the developmental processes²⁵¹; experience in resource mobilization; strong expertise in capacity building and evidence-based policy/proposal design along with activity monitoring to identify gaps and challenges on time; (ii) active and capable civil society sector and proactive non-governmental organizations in Kyrgyzstan contracted by UNFPA as IPs; and (iii) desire of religious communities to work with UNFPA CO on issues such as SRH, GBV, civic education, peace building, etc.

The new UNFPA strategic plan, 2022-2025, calls to accelerate achievement of three transformative results through evidence-based actions and ensuring that no one is left behind, human rights for all and protected and promoted as well as addressing gender equality, equity and non-discrimination, empowerment of women and girls, and the pursuit of the realization of sexual and reproductive health and reproductive rights. At the same time, it provides more flexibility in applying modes of engagement to better respond to country needs, and encourages scaling up of successful practices, foster innovations, and improve integration of programmes. Experience of last years of the UNFPA CO in Kyrgyzstan provides evidence of what works best and what lessons should be taken to accelerate achievements. Evaluation identified many good practices that should be continued and/or expanded as well as important lessons to be learned. Presented here **Good Practices** are grouped by programme and cross-cutting areas and aiming to attract attention to less expensive activities with high potential of impact.

SRH. Good practices include support for evidence-based reproductive rights advocacy in SRH and FP, which has had significant success and the development of clinical protocols/standards, training programs that have been institutionalized into continuing medical training and provide improved quality of SRH, FP and HIV services and sustainability of interventions.

Gender. Women engagement, especially to issues concerning their health, family, children and well being in general is very important. UNFPA worked with religious community on GE, GBV, FP, and radicalisation prevention issues. The CO experience of involving religious female leaders, girls and women and their relatives to UNFPA activities is a good practices of using relatives as the change agents for social norm changes.

Youth and Adolescents. Within its projects CO created opportunities for informal relations and communication of youth with police, government officials, and religious leaders through sport games; involved mentors to the youth initiatives to shared their practical knowledge, and invited human rights experts to civic education courses to help young people to improve their knowledge and interactions with local government officials, as well as with their parents and teachers. These types of informal engagement provided opportunities for youth to strengthen their capacity, gain new knowledge and skills, voice their needs and interests, establish partnership, and, most important, improve trust to government officials, religious leaders, UNFPA, and among themselves. Moreover, the leadership and participation of young people are important for safeguarding their rights and leave no one behind, their involvement into policy development and decision-making processes, at first, at local level and then – at national.

P&D. Practice of the CO of preparing policy briefs, annual compendium on youth, women and men as well as rapid assessments in emergency promoted evidenced based data among and built data driven culture of government, civil society, media, and population in general and should be continued and expanded in terms of ways of data

delivery, presentation, and use.

COVID – 19 pandemic. UNFPA supported the MoH Maternal and Neonatal Health Working Group in coordinating and monitoring activities to ensure rights and access to SRH services during the pandemic, as well as advocacy activities. Moreover, UNFPA response to GBV issues through rapid assessment on the impact of COVID-10 on women and vulnerable groups along with support of GBV response mobile teams in Bishkek and online/offline legal aid, psychological consultations and provision of safe spaces to women were good practices in emergency situation to be replicated throughout the country. Given the overall crisis in the country, the *Guide for prevention of emotional burnout of activists of key populations in crisis/emergency situations, including COVID-19* developed by the CO was the first among CAR countries and contained recommendations that allowed to improve processes of adaptation to new living conditions, reduce stress levels, including emotional, physical state, as well as their ability to work.

Communication. During 2020, the UNFPA CO team was able to communicate and promote its mandate and promote strong messages. It also developed several tips that can be further scaled up, namely: (i) a COVID-19 task force team to update and communicate with the partners on program-related activities; (ii) Contingency plans for each UNFPA program dimensions; and (iii) a communications plan. Moreover, UNFPA CO started collecting case studies and producing a brief leaflet on what was achieved during the emergency in regards to GBV response that can be expanded to the other CO activities and programmes.

More good practices in the UNFPA programme areas that have replication and scaling up potential are described in EQ7.

The most important **lessons learned** to be considered in the next CP and in light of the 2030 Agenda, include:

- The CP Documents should be updated after any significant changes and amendments made during programme implementation period allowing effectively and correctly reflect achievements of the CO;
- As the three transformative results are becoming central in the UNFPA SP 2022-2025, the CO interventions should be aligned accordingly considering twelve features of Integrated Result and Resource Framework²⁵² and fit-for-purpose, agile and relevant UNFPA five modes of engagement²⁵³;
- Timely, high-quality, geo-referenced, and disaggregated data and analytic capacity are essential for identifying key population interests and needs and designing ‘no one left behind’ programmes to better target service delivery, especially in time of emergency. Also, data allows preparing winning funding proposals and demonstrate the impact of interventions on socio-economic development;
- Partnerships at stakeholder and various levels, including public, private entities and civil society and religious institutions through local, national and regional cooperation, are important to address common challenges, building national ownership, expand domestic resources for UNFPA related issues, change community behavior help government to better target its resources, and reach targets of the 2030 Agenda by better identification of and accessing those left behind vulnerable groups of population;
- More investments in strengthening the capacity to cooperate, learn and adapt (CLA²⁵⁴) of both UNFPA stakeholders and CO are needed in order to increase CO organizational effectiveness and efficiency. Moreover, evaluation showed that integrated approach among CO programme areas and staff leads to better results;
- Enhanced women’s and young people’s leadership and meaningful engagement on issues related to sexual and reproductive health, gender equality, GBV, and peace increases impact of CO interventions;
- Further development of innovative solution and technological approaches such as telemedicine, e-learning platforms, GIS-based tools, and other virtual delivery modes is needed for continuing education and capacity development of UNFPA public and private partners, IPs, service providers to improve quality of care, professional development, disseminate information and services throughout the country;
- Conducting joint activities/ projects / resource mobilization with its partners benefit the CO operational and programme capacities as well as produce better results, increase its revenues, and promote UNFPA mandate;
- COVID – 19 pandemic showed that it is important to strengthen national preparedness, anticipatory action and contingency planning in order to be able to take a fast response when new emergency occurs. A proper resource allocation within each MPA is important in ensuring effective and timely implementation of the CO Minimum Preparedness plan and to address actual humanitarian needs. It is important to continue advocating for UNFPA's role in humanitarian settings allowing integrated critical assistance in multiple sectors, particularly SRH under Health and GBV;

EQ4: To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

SUMMARY OF FINDINGS. The evaluation showed that the UNFPA policy advocacy and capacity support ensured participatory design and advocacy of lacking policies across all the CO programme areas and appropriate integration of various instruments into national policy framework to an extent possible considering political and COVID-10 crises. Within **SRH** area the evaluation noted important new policies, such as the allocation of state funding for contraceptives to the MoH for high-risk individuals; a separate budget line for family planning in the MoH budget to support the sustainability of state funding; and the Monitoring Tool on the implementation of the *Law on Reproductive Rights*. Several new policies were introduced such as the expansion of contraceptive lists under the Complementary Program of the MHI and the inclusion of emergency contraception in the PHC-level emergency drugs list. Training programs on FP and the provision of integrated SRH/ HIV services were successfully integrated into the curriculum of the KSMICE. UNFPA support to **GE/GBV** issues resulted in increased government and public attention to domestic and gender-based violence in all its complexity. The National coordination body on multi-sectoral prevention and response to GBV was established. Important laws and regulations on better government response to GBV were updated and approved. The MLSD and MIA receive instruments to provide social assistance to persons who suffered from family and gender violence and investigate gender crimes, in addition to 117 hotline, mobile teams and safe places for the most vulnerable girls and women. Within the **P&D** area a draft *Concept of Demographic policy* was developed. UNFPA assisted integration of data on population dynamics, reproductive health and gender equality into development planning at national, sectorial and local levels. The main achievement in the field of **youth** policies was approval of *The Concept of Youth Policy for 2020-2030* and development of its *Action Plan for 2021-2025*, and integration of comprehensive sexuality education and healthy life style package into vocational and religious education system. However, low capacity of the State Agency on Youth and Sport slowed down the CO policy interventions. Evaluation showed that the CO incorporated **three transformative results, Leave no one behind policy, human rights based analysis, innovation and disability** issues into formulation of national policies quite well as well as implementation of **data-driven, gender responsive and human rights-based interventions**. At the same time, despite significant UNFPA policy advocacy and capacity building support relevant to the CO work issues were only partly integrated into national development instruments and sector policy frameworks and more work need to be done.

The evaluation showed that UNFPA policy advocacy and capacity building support helped to ensure proper integration of SRH, youth, gender equality, and population dynamics programmes interventions into appropriate national development instruments and sector policy frameworks²⁵⁵.

SRH: As part of its commitments under Strategy FP2020, a *5-year plan has been developed* to gradually increase the national budget for contraception to meet the needs of 50% of women at high medical and social risk of maternal mortality by 2023 (in 2020 funding for contraceptives of 5.2 million soms, equivalent to US\$65,000 was allocated)²⁵⁶. The 5-year plan was approved by MoH order in 2020 of *the National Family Costed Implementation Plan*²⁵⁷ that reflects the challenges and develops SAR interventions in important areas such as strategic management, financing, commodity security, service delivery, youth, demand and others. A *Monitoring Tool on the implementation of the Law on Reproductive Rights* has been developed that has increased the commitment of MPs/local authorities to SRH and FP issues, resulting in SRH and FP issues being raised more frequently at parliamentary level and a number of instructions to the Government on topical SRH issues which the Government is obliged to report back to Parliament on²⁵⁸. Together with other development partners, a draft *Women, Newborn, Child and Adolescent Health Programme* has been developed, which is pending approval from the MoH²⁵⁹. *The list of contraceptives* in the Complementary Medicines Programme of the MHI was expanded to allow insured citizens to receive a discount of up to 50% of the cost of family planning medicines. Between 2017 and 2020, there has been progress in increasing the number of prescriptions issued and the amount allocated by the MHI to contraceptives under the Complementary MHI Programme for insured women²⁶⁰. *Emergency contraceptive medication* has been included in the list of emergency contraceptives at PHC level for women suffered sexual violence in order to prevent unwanted pregnancies²⁶¹. 2 training programmes on family planning and provision of integrated SRH and HIV services for key populations and PLHIV were developed/updated and integrated into the educational programme of the Kyrgyz State Medical Institute of Continuous Education²⁶². The capacity of health service providers (family doctors and specialists of AIDS and dermatovenereology centres), as well as community members of key populations and PLHIV has been strengthened through these programmes²⁶³. However, although much work was done, the online survey showed that respondents

were not sufficiently informed about policy formulation: only 54% of 30 respondents said that SRH and FP issues were adequately integrated into national and sectoral policies; 47% (of 27) that a rights-based analysis was included in national policy formulation; 55% (of 34) that UNFPA policies targeted the most vulnerable (leaving no one behind) and only 48% (of 28) that continuity in SRH services and interventions was ensured.

GENDER. The most important result of UNFPA capacity building and policy work in this programme area was increased government and public attention to domestic and gender-based violence in all its complexity that was recognized by establishment of multi-sectoral national coordination body on prevention and response to GBV. Moreover, CO support in capacity building of the Ministry of Labor and Social Development, the Ministry of Internal Affairs, the Ministry of Emergency Situations, the State Commission on Religious Affairs in cooperation with CSOs resulted in the development of legislation, including: *Law On Amendments to the Law of the Kyrgyz Republic "On Security and Protection Against Domestic Violence"*²⁶⁴; *Law On Amendments to the Criminal Procedure Code of the Kyrgyz Republic*²⁶⁵; *Law On Civil Protection*²⁶⁶; and several regulatory acts²⁶⁷. In addition, the Inter-agency working group established at the MLSLSD developed: i) the regulation on Unified Approach to cases of gender-based violence that was submitted for the review of the line ministries; and ii) amendment on sexual and GBV-related cases to the Regulation on Civil Protection. Also, in 2020 with UNFPA promotion and support the multi-sectoral coordination support services for women and girls were prepared, including: a 117 hotline to provide online psychological services; mobile teams in Bishkek and safe places in the regions for the most vulnerable girls and women from religious/ rural communities. Two SOPs were developed with the CO support to regulate the procedures for interaction of state bodies involved in security and protection against family violence²⁶⁸, and for assistance to victims of domestic violence²⁶⁹. As of the UNFPA support vocational schools received the module of positive masculinity, trained teachers and guides; the MLSLSD received methodological guidelines on providing social assistance to persons who suffered from family and gender violence; the MIA got *Manual for internal affairs officers on the investigation of gender crimes*.

P&D. The most important achievement in this field was the development of a draft *Concept of Demographic policy*, a strategic document that reflects the main goals, priority areas and tasks in the field of demographic development of the Kyrgyz Republic. UNFPA contributed to the integration of population dynamics, reproductive health and gender equality into development planning at national, sectorial and local levels by preparing publications like *Toward Better Health in the Kyrgyz Republic*, *Progress Report on the Health and Sustainable Development Goals in 2020*²⁷⁰; reports on impact of COVID-19 on reproductive health, youth and women and men; an annual statistical compendium on *Youth, Women and Men of the Kyrgyz Republic*; and three policy briefs based on PSA. In collaboration with NSC, UNICEF and USAID, the CO supported MICS implementation and report preparation to make available statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. UNFPA mobilized resources to strengthen the national statistics systems to produce, analyze and disseminate population statistics²⁷¹. During interviews respondents mentioned UNFPA contribution to: modernization and implementation of TUNDUK system with GIS ability for better interaction between public institutions²⁷²; NSC transfer to 2-year planning cycle²⁷³; increased visibility of the work of work with the National Statistics Committee and the e-Health Center for Statistics and Open Data and better access to data²⁷⁴. UNFPA monitoring of legislation, protocols, service provision, impact of guidelines/ manuals assisted in identification of gaps, new issues and areas for the CO support, designing advocacy and communication strategies and plans, and pointing out improvement, etc.²⁷⁵. Respondents recognized UNFPA efforts in building better capacity of governmental staff for data understanding and analysis through systematic trainings and expert support²⁷⁶, but think that UNFPA policy advocacy and capacity building support helped to ensure that relevant population dynamics are only partly integrated into national development instruments and sector policy frameworks²⁷⁷.

Adolescent & Youth. The evaluation showed that *first* and main achievement in the field of youth policies during current CP was approval of *The Concept of Youth Policy for 2020-2030*. The Concept defined and prioritized the youth issues and developed strategies and tools that would respond to youth prospects and challenges. Later, under UNFPA's technical leadership, a 2020-2025 Action Plan to implement the Concept of Youth Policy for 2020-2030 in partnership with SAYS was prepared and submitted to the Government for approval. The other main activities of UNFPA youth program were promotion and integration of comprehensive sexuality education (CSE) into vocational education system by development and piloting of healthy life style (HLS) package, including manuals for teachers and peer educators, guideline on drug abuse and HIV prevention for dormitory mentors, in nine schools. Now UNFPA has started situational analysis to be used in designing and implementation of advocacy campaigns on further integration of HLS curricula into the vocational education system. Moreover, *Compact for Young People in Humanitarian Action* was launched in Kyrgyzstan. As a result, action plan for the introduction of youth teams to respond to emergencies at the regional level was developed along with needed regulations on youth teams were developed. Respondents recognized UNFPA policy, advocacy and capacity efforts in building government and civil society capacity in promoting

youth related issues, but think that UNFPA policy advocacy and capacity building support helped to ensure that the needs of young people are only partly integrated into national development instruments and sector policy frameworks²⁷⁸. This is due of low capacity of the State Agency on Youth and Sport²⁷⁹.

The evaluation showed that UNFPA incorporated **three transformative results, Leave no one behind policy, human rights based analysis, innovation and disability** issues into formulation of national policies quite well. The main policy documents that UNFPA focused its efforts to incorporate three cross-cutting approaches²⁸⁰ include a *National Family Planning Costed Implementation Plan for 2020-2024*, reflecting the country's needs for reproductive health services and is designed to strengthen the role of the public sector and to consolidate country efforts and investments by partners in family planning programs through 2024; a draft *National Program for Women's, Newborn, Child and Adolescent Health*; the five-year plan for the gradual increase of state funding to meet the needs of 50% of women from groups of high medical and social risk of maternal mortality until 2023 to meet Kyrgyzstan commitment to the FP2020 movement aimed at increase of public funding for the purchase of contraceptives; Programme of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021 reflecting integration of SRH. Moreover, all activities under SRH programme component are aligned with three transformative results and human rights approach focusing on the needs of vulnerable groups. LNOB principle was applied in various programme documents, including ones provided targeted support to the most vulnerable and marginalized to promote social inclusion and equity, including women and girls, migrants, young people, disabled women, key populations and people living with HIV. Other policy achievements include clinical protocols, SOPs, clinical manuals health care standards, Monitoring tool on the implementation of the Reproductive Rights law; the 2018-2020 monitoring plan of implementation of five recommendations of the CEMD report (Confidential Enquiries into Maternal Death). Incorporation of innovation approaches are more visible on applying mobile application in coming 2021 Census, provision of psychological assistance during COVID-10 pandemic, coordination of joint work of UNFPA partners through Telegram. Integration of disability issues took place by: i) inclusion question on disability youth into census questionnaire along with training coordinators on how to ask such questions; and ii) inclusion of disable youth into legitimate participants of the SDGs Youth Ambassador project and into report Youth Left Behind as one of six studying groups; iii) women with disabilities of groups I, II, III, as well as those disabled since childhood were included in the list of risk groups for free provision of contraceptives. Moreover, 355 disabled women and girls subjected to violence accessed the essential service package²⁸¹. Online respondents think that UNFPA incorporated these cross-cutting issues quite well (Table 14).

Table 14. Extent of incorporation of five cross-cutting issues into formulation of national policies by 3-point scale²⁸²

UNFPA three global transformative and people-centred results (ending preventable maternal deaths, ending the unmet need for family planning, ending gender-based violence and all harmful practices, including child, early and forced marriage) have been incorporated into the formulation of national policies ²⁸³ ?	2.24
UNFPA policy should target the most vulnerable (as part of its Leaving No One Behind policy). Do you think that this has been incorporated into the formulation of national policies ²⁸⁴ ?	2.19
Human rights based analysis (e.g. human rights principles of participation and inclusion, equality and non-discrimination in situation analysis, programme design, implementation and monitoring) have been incorporated into the formulation of national policies ²⁸⁵ ?	1.89

In addition, it is important to mention that respondents evaluated very high UNFPA work on systematic incorporation and implementation of **data-driven, gender responsive and human rights-based interventions** to maintain essential services, including quality sexual reproductive health and GBV prevention and protection services (including mental health and psychosocial support), within the framework of the COVID-19 response and recovery efforts. Throughout 2020 UNFPA was actively involved in several processes and led / coordinated a number of task teams in response to the COVID-19 pandemic, including with respect to GBV. This helped advocating and ensuring that issues related to UNFPA's mandate were included in the different plans. The joint UNDAF work plans also adequately reflected UNFPA inputs. Also, it is necessary to bring attention to joint policy UNFPA/UNICEF initiative on introducing amendments in the national procurement law. UNFPA and UNICEF with support of Parliamentarians initiated changes to the national procurement law allowing state institutions procure medicines through UN agencies that will assist the Government of Kyrgyzstan to receive high quality medicines on much lower prices than if the state institutions would procure them at local or international market. The text of amendments was prepared and several consultations with interested parties took place in 2018. New provisions in the national procurement law were approved on March 9, 2021²⁸⁶. In conclusion, it should be mentioned that despite effectiveness of each of the UNFPA programme areas, more integration among different CP components, specifically at analytics' level, is needed to increase the CO effectiveness as one entity rather than several effective units²⁸⁷.

EFFICIENCY

EQ5: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

SUMMARY OF FINDINGS. To achieve the planned outcomes, the UNFPA made good use of its *human resources* to a great extent. The evaluation noticed reliability, support, and collaboration of the UNFPA CO team and the CO partners acknowledged flexibility, effectiveness and efficiency of the CO managers, but mentioned overwhelming business and need for additional human resources. There is a need for additional operational personnel, M&E and communication specialists, resource mobilization expert(s) important to achieve country programme outputs. In addition to this, evaluation noticed several good practices in the CO, including annual rewarding the best CO staff members, working with interns, and conducting knowledge sessions on various topics organised in the office under the CO Learning Plan. The CO used available and mobilised *financial resources* to a great extent. RR expenditures increased from 2018 to 2020, and overall expenditures for three years already constitute 99.65% of committed RR UNFPA resources. During 2018- 2020, expenditures from other resources dramatically increased up to 156.87% against 100% planned for five years, which shows great efforts in mobilizing and implementation of other resources. In general, analysis of the financial resources for three years demonstrates positive trends. Additional funds were mobilized from the Peace Building Fund, UN, CSSF – UK, UNAIDS, and Russia in the amount of \$4,784,119. Moreover, the UNFPA Country Office succeeded in receiving \$138,700 from the UNFPA Regional office in addition to the already committed core funds from the UNFPA. Unfortunately, discussions with the Government of Kyrgyzstan about contribution to the UNFPA core resources did not bring positive results due to political changes and instability in the country. However, with the UNFPA support procurement of contraceptives was institutionalised in the state budget. The resource mobilization and partnership plans guided efforts to leverage influence and co-financing with the Government, the UN and development partners for the identified priorities and funding gaps. The UNFPA CO managed to engage adequate in-house and external *technical expertise* for the CP implementation and received useful technical support from various UNFPA Offices. The UNFPA CP *management* was guided by the SOP of the UN Development Group for *Delivering-as-One*. The CO support was provided through IPs that was the preferred implementation modality among all available modalities, and it was used to foster national ownership, build capacity of national partners and ensure sustainability of results. Respondents appreciated the UNFPA management practices and acknowledged appropriate financing, reporting and transparent CO administrative and financial procedures, with low bureaucracy, the mix of implementation modalities, and resources support provided in a timely manner. Respondents noted that the resources provided by the UNFPA had a leveraging/triggering effect. The UNFPA stakeholders recognized the UNFPA ability to produce significant and sustainable changes with little support. The CO piloted a result-based management tool but non-finalised indicators of the 4th CP Results Framework did not allow measuring the CO's achievements. Besides, some IPs recognized a need to lessen the UNFPA micromanagement in working with its partners. Moreover, they also mentioned the importance of better and more effective integration of the UNFPA programme areas within the CO during programming, implementation of the CP, resource distribution among interventions, and working with IPs and development partners as well as on-going capacity and organisational strengthening of the country office in general and each team member individually. In addition, the evaluation showed the UNFPA flexibility and ability to re-programme development activities in case of emergency situations, like **COVID-19**, or postpone them to later or the other year, as well as cope challenges caused by work in online.

Human Resources. To achieve planned outcomes, UNFPA have made good use of its human resources to a great extent. Key informants²⁸⁸ and online survey respondents²⁸⁹ recognized high work standards, professionalism, openness and accessibility, accuracy and attentiveness, result-oriented and very good attitude of the UNFPA country office staff. Evaluation team noticed reliability, support, and collaboration of the UNFPA CO team. The UN partners appreciate flexibility, effectiveness and efficiency of CO managers, but noticed overwhelming business and need for additional human resources. Specifically, it was mentioned need for additional operational personnel (at least two assistants or assistant and finance associate), M&E and communication specialists, resource mobilization expert(s) that is important to achieve country programme outputs. Respondents²⁹⁰ noted democratic and inclusive style of recently appointed UNFPA Head of Office that positively influencing CO work and office atmosphere and encouraging internal and external collaboration and cooperation. Moreover, UNFPA stakeholders²⁹¹ noted UNFPA experience of working with state, civil society, and international organizations, effective utilization of national and international experts and consultants. At the same time, evaluation showed that the CO experienced turnover of its key staff members during three years. For example, NPAs on PD and Youth left the country office in May 2019 and a new person joined the office in September when the Project Manager for the project on prevention of violent extremism (UJA61) resigned from the post to take up an international UNV position. In both cases the CO found temporary

replacements for all three positions but overstretching the workload of the Assistant Representative, NPA on HIV, and the project manager on new settlements project.

Evaluation noticed several good practices in the CO. The UNFPA CO recognized colleagues in the office and awarded them with certificates or incentives at the end of the year that motivated people. And with implementation of RBM approach such practice will be evidence-based and bring some competitiveness among CO team members. Also, having interns in the office was a good opportunity for the office to receive such needed assistance and for young people to gain knowledge about UNFPA and the UN system in the country. In addition, knowledge sessions on various topics organized in the office under CO Learning Plan was a good practice that facilitates knowledge sharing among colleagues and helped building / strengthening capacity of the office personnel to increasing CO effectiveness and efficiency.

Financial Resources. The CO used available and mobilised financial resources to a great extent. Sources of funding from UNFPA include regular, or core, resources and other, or other, or non-core, resources that the Agency was able to mobilize on the strength of the expected results and strategies.

Tendencies in expenditures of 4th CP for 2018-2020 is presented in Table 7 and Graph 3. Funding RR increased from 2018 year to 2020 and overall expenditures for 3 years already constitute 99.65% of committed RR UNFPA resources²⁹². During 2018 – 2020 expenditures from other resources dramatically increased up to 156.87% against planned 100% for 5 years that shows great efforts in mobilizing and implementation of other resources. In general, analysis of financial resources for three years shows positive tendencies.

Graph 3. The 4th Country Programme expenditure by resources' source, 2018 - 2020



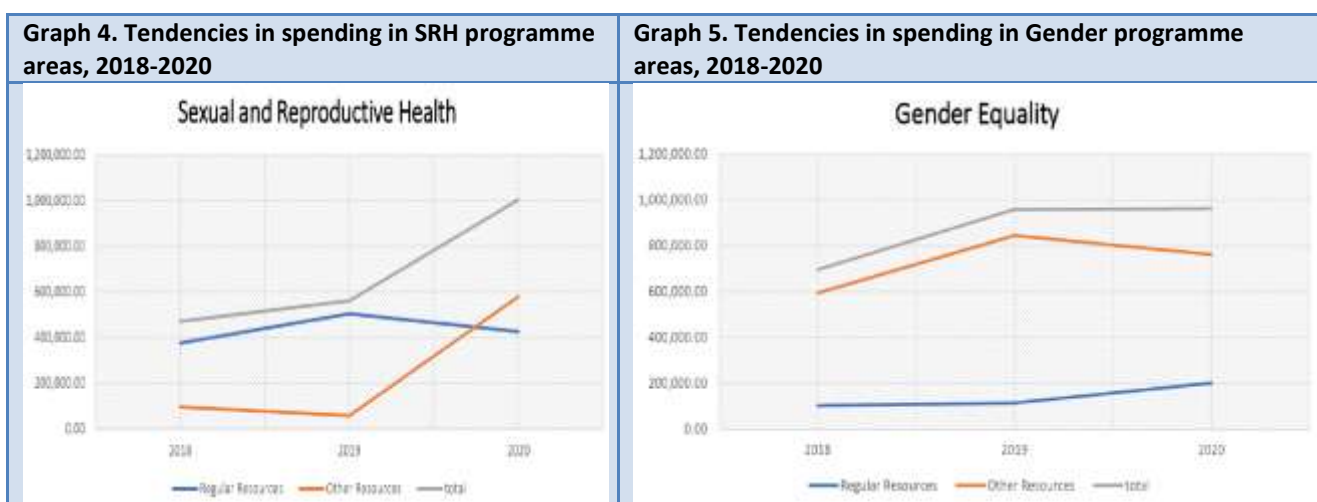
Analysis showed that 99.65% out of committed \$2.5 millions of regular resources were allocated to four components and Programme Coordination and Assistance during three years of the 4th CP. In three years UNFPA Kyrgyzstan has managed to attract more than half (156.87%) of needed \$2.45 million from other resources. Analysis of the three-year expenditure showed that they are overwhelmingly higher from what were envisioned for five-year committed resources (128.26% from planned funding). In three years UNFPA Kyrgyzstan has managed to spend 99.65% (or \$2,491,316) out of committed \$2.5 millions of regular resources and 156.87% (or (\$3,843,298) of \$2.45 million from other resources. Analysis of expenditure for three years of the CP showed that 2018 was the year when expenditures (both from RR and OR) for 3 programmes (SRH, Gender equality and PD) were the lowest for 2018-2020. During 2019 the office managed to mobilized resources for PD, Gender and Youth and, thus, the expenditure under these programmes increased accordingly, in particular for PD. Due to COVID pandemic in 2020, even though in the beginning of year the implementation was decreased, office mobilized over \$0.5 million for SRH component, and continued spending on programme areas and reached set up initial 2020 plans arriving to total expenses on the CP of \$2,490,487.

Additional funds were mobilized from Peace Building Fund, UN, CSSF – UK, UNAIDS, and Russia in amount of \$4,784,119²⁹³. Moreover, UNFPA Country Office succeeded in attracting \$138,700 from UNFPA Regional office²⁹⁴ in addition to already committed core funds from UNFPA²⁹⁵. Unfortunately, discussions with the Government of Kyrgyzstan about contribution to UNFPA core resources did not bring positive results up until 2020²⁹⁶ within the

political changes and unstable situation in the country. However, UNFPA made possible to allocate funds for procurement of contraceptives in the state budget²⁹⁷. Those funds are growing from year to year – when in 2018 it was \$44,000 (or 3 mln. soms), next year - \$60,000 (or 4.2 mln. soms), in 2020 it was increased in 1.7 times or \$65,000 (or 5.2 mln. soms)²⁹⁸. To ensure sustainability, in 2019 the Ministry of Health and the Parliament with support of UNFPA presented a 5-year plan (2019-2023) to gradually increase the state budget for the procurement of contraceptives to cover the needs of 50% of women at high medical and social risks of maternal mortality by 2023.

Tendencies of spending by programmes’ areas for 2018-2020 of 4th CP are described below.

SRH. UNFPA CO had \$1.1 millions (\$0.9 of RR and \$0.2 from OR) for 2018-2022 CP. For the first three years of the CP²⁹⁹ \$2,035,744.00 (Graph 4) were spent for integrated sexual and reproductive health services, including family planning, maternal health and HIV. From the source standpoint – in three years of the CP 64% (or \$1,304,479.00) of activities were implemented from UNFPA RR and 36% (or \$731,265.00) were funded from OR. Main UNFPA SRH-related partners, including IPs, were civil society organizations³⁰⁰, government institutions³⁰¹ and various UN³⁰² agencies and development actors. UNAIDS Country Envelope supported HIV-related activities in this programme area.

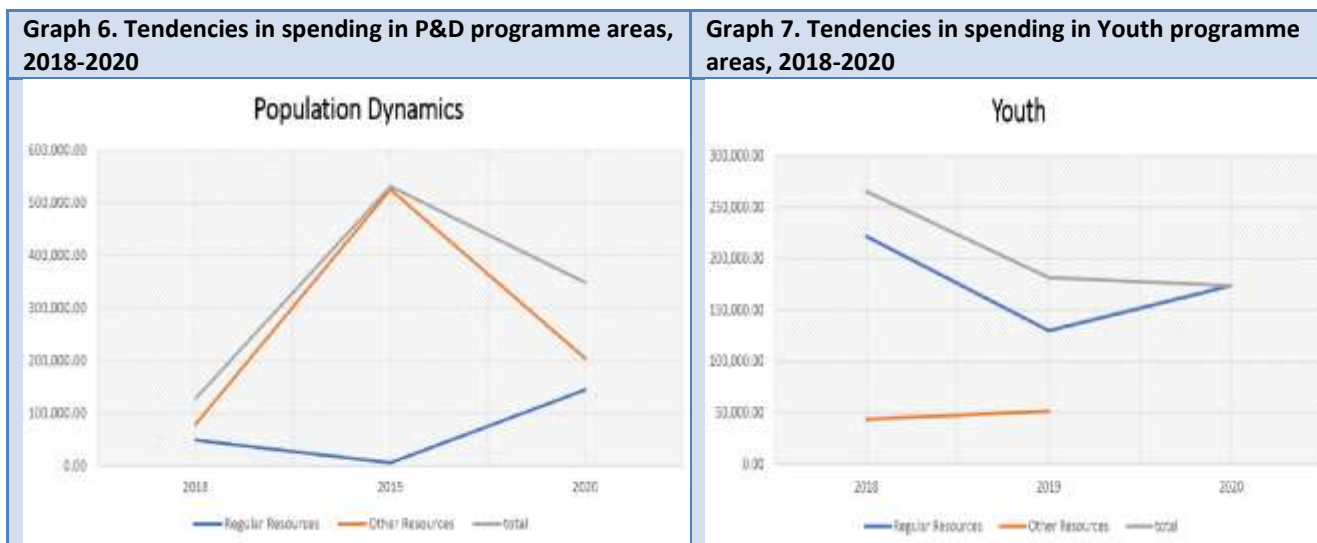


Gender. UNFPA CO had \$1.2 millions (\$0.3 of RR and \$0.9 from OR) for 2018-2022 CP and for the first three years of the CP³⁰³ \$2,619,011.00 (Graph 5) were spent for advancing gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. In three years of the CP 16% (or \$417,040.00) of activities were implemented from UNFPA RR and 84% (or \$2,201,971) were funded from OR. In addition to mentioned above government institutions, the Ministry of Emergency Situation, the Ministry of Labor and Social Development, National health promotion center, National Statistics Committee, the Mayor Office of Bishkek city, civil society partners³⁰⁴ and UN institutions³⁰⁵ along with OSCE were involved and partnered with the CO to implement activities within GE programme area. Donors supported gender related activity included EU and PBF.

Population and Development. For the first three years of the CP³⁰⁶ the CO spent \$1,008,133.00 (Graph 6) for strengthening national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality activities and out of \$1.15 millions (\$0.5 of RR and \$0.65 from OR) were dedicated for the whole 2018-2022 CP. In three years of the CP 20% (or \$199,147.00) of activities were implemented from UNFPA RR and 80% (or \$808,986.00) were funded from OR (primarily Russian funds). IPs and partners under P&D programme areas included National Statistics Committee, civil society partner (Foundation for Tolerance international), and OSCE, IDEA CA, UN RC.

Adolescent and Youth programme area was mainstreamed under PD and to some extent under SRH and GE areas. The UNFPA CO had \$1.1 millions (\$0.4 of RR and \$0.7 from OR) for 2018-2022 CP. For the first three years of the CP³⁰⁷ \$620,017.00 (Graph 7) were spent for adolescents, especially on very young adolescent girls, national legislation and development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. In three years of the CP 85% (or \$524,853) of activities were implemented from UNFPA RR and 15% (or \$95,164) were funded from OR. Main UNFPA IPs and partners for activities related to youth

activities include State agency on youth and sport, *Foundation for Tolerance international*, UNICEF, and UNDP. PBF supported some activities in this programme area.



The resource mobilization and partnership plans guided efforts to leverage influence and co-financing with the Government, United Nations partner organizations and the other development partners on identified priorities and funding gaps. In addition to mentioned above resource mobilization efforts with the Government of KR and UNFPA regional office, the CO proactively participated in joint programming in sexual and reproductive health and reproductive rights, HIV, adolescents and youth, gender-based violence, gender equality, and data collection and analysis. In addition, UNFPA allocated programme resources for staff to provide technical and programme support.

Technical expertise. The UNFPA CO managed to engage adequate in-house and external expertise for the CP implementation. At the same time, several respondents mentioned limited pool of local experts, specifically on gender-related issues³⁰⁸. The CO received useful technical support from the UNFPA Regional Office, UNFPA HQ in New York and the PSB procurement office in Copenhagen.

Programme management. The evaluation showed that UNFPA programme implementation was guided by the standard operating procedures of the United Nations Development Group for Delivering-as-One. The UNFPA support was provided through implementing partners (IPs), including civil society organisations and government agencies, and national execution was the preferred implementation modality to foster national ownership, build the capacity of national partners and ensure sustainability of results. Other modalities of the UNFPA support included technical support, cash assistance, supplies, commodities and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, implementation, monitoring and evaluation, training activities and staff support. UNFPA selected implementing partners for CP implementation based on their capacities, strategic positioning, and ability to deliver high-quality programmes, monitor their performance and periodically adjust implementing arrangements when needed. IPs were selected for 5 years of CP implementation period on competitive basis in the beginning of the CP cycle. The CO conducted monitoring and evaluation of its activities and programmes and piloting a result-based management tool. However, non-finalised indicators of the 4th CP Results Framework did not allow to measure achievements of the CO.

Evaluation showed that respondents valued the UNFPA management practices starting with consultation on CP design and project planning to their implementation, monitoring and evaluation, including clear planning of activities, quick response to new challenges, understanding of the mission and tasks of UNFPA in the Kyrgyz Republic. Respondents appreciated the CO for: ability to take into account the national context of the country, holding regular planning meetings with IPs; solving issues at a strategic level³⁰⁹; little bureaucracy³¹⁰; collaboration and coordination with state institutions, IPs³¹¹ and intergovernmental cooperation³¹²; ability to identify the needs, including the needs of the regions, always provide partners with an opportunity to express themselves, carefully approach the planning of activities; timely preparation of events (approval of the order, collection of necessary documents, execution of the contract, etc.)³¹³; building and strengthening capacity of national implementing and development partners³¹⁴, local experts³¹⁵; proactive position and ability to take leadership and responsibility when needed (in particular, GBV, DRCU

platforms, commitment to conduct a country analysis to implement the principle – no one left behind)³¹⁶; work with civil society organizations as IPs, conducting annual meeting to discuss various events, issues with implementing partners³¹⁷. CO team was also recognized by all partners and stakeholders as a valuable UNFPA assets that was described as a team of professionals – responsive, able to listen and motivate partners, open and ready to help³¹⁸; for little funding is able to achieve a lot; dedicate to what they are doing³¹⁹; able to credit national partners for achievement and be in ‘shadow’³²⁰; friendly, responsive, easy to work with, including time of planning and reporting³²¹; with clear principles of work and respect to partners³²². As it was summarized by a respondent: UNFPA has:

‘competent management, flexibility, non-politicized (soft power) good reputational capital with national partners and with civil sector, and country office - team of professionals. Compared to other international agencies, UNFPA is in the top three most effective, due to a clear mandate (women, SRH, young people), relatively small size of the agency, the focused direction - important in health care (they always want and will work with them), listen to the point of view of experts (not dictating their point of view), provided great assistance, but not interfered in the process (there was academic freedom)’³²³.

Evaluation participants noticed appropriate financing, reporting and transparent CO administrative and financial procedures³²⁴, with low bureaucracy even *‘there was some but now everything is very easy and only public information should be approved by UNFPA’³²⁵*; annual planning was seen as a very good approach as *‘we know fund size for a year and can be flexible in implementation’³²⁶*; very good orientation session on how to implement and report³²⁷; *‘on time funds transfer only with one delay as UNFPA partners (UNDP, UNICEF) were late with their parts of report’³²⁸*; *‘unlike other UN agencies, UNFPA does everything on time and work very effectively with IPs’³²⁹*. However, some challenges were mentioned, including: *‘it is complicated as of ATLAS as budget connected to programme plan that makes introduction of changes quite a challenge’³³⁰*, and *‘a need to strengthen IPs’ organizational and project management capacity’³³¹*. IPs’ funding was implemented in accordance with UNFPA procedures to achieve the set indicators and targets in accordance with the deadlines. Online survey respondents scored highly the mix of implementation modalities used by UNFPA CO that allow for a smooth execution of the country programme as set out in the annual work plans (WPs) and agreements with partners³³² and receiving the resources support in a timely manner according to project timelines and plans, or plans adjusted accordingly³³³. Respondents agreed that the resources provided by UNFPA have had a leveraging/ triggering effect³³⁴. UNFPA stakeholders recognized UNFPA ability to produce significant and sustainable changes with little support³³⁵. At the same time, three IPs recognized a need to lessen UNFPA management practices (micromanagement) in working with its partners, namely: allow IPs make their own management decision during projects’ implementation, manage partners when they request support/ advice, pay more attention to development/ strengthening partner organizations capacity rather than micromanage them³³⁶. Moreover, despite establishment of joint evidence database, several informants³³⁷ underlined importance of better and more effective integration of UNFPA programme areas within CO during programming, implementation of CP, resource distribution among interventions, and working with IPs and development partners as well as on-going capacity and organizational strengthening of the country office in general and each team member individually. Update of governance and management structure of the CO will be needed with new personnel and mobilized additional resources as well³³⁸.

Evaluation showed³³⁹ UNFPA flexibility and ability to re-programme development activities in case of emergency situations, like **COVID-19**, or postpone them to later or the other year³⁴⁰. Respondents agreed that the country office was able to adapt the level and the allocation of its resources with a view to mitigating the consequences of the COVID-19 crisis³⁴¹; and UNFPA appropriately used innovative technologies to respond to the COVID-19 crisis and mitigate its effects³⁴². KIs mentioned the following COVID-19 related challenges, including: the UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) that sometimes fostered or, on the contrary, impeded the adaptation of the country programme to changes triggered by the COVID-19 crisis³⁴³; online work with less direct communication with and visits to IPs and partners; delays in some activities for 2-4 months; need to learn new online applications (Zoom, Teams, etc.); more work for CO and, sometimes, less responsibility of meeting deadlines³⁴⁴; and *“... meeting, meeting, meeting”³⁴⁵*.

SUSTAINABILITY

EQ6: To what extent have the partnerships established with ministries, agencies and other representatives of the partner government, development partners, CSOs and private sector allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

SUMMARY OF FINDINGS. The evaluation demonstrated that the UNFPA CP employed relevant partnership approaches and used partnerships with the relevant to its activities ministries, agencies and other representatives of the partner government, civil society organisations, as well as with development and private partners to the great extent. Sustainability and local ownership of the supported interventions, programmes and policies was ensured by the CO through evidence-based policymaking and dialogue, advocacy and provision of technical assistance to support its partners in building their capacity and establishing/promoting institutional mechanisms. Several important legislative documents and policies were drafted and approved with the CO support within all programme areas along with developing capacity of the key stakeholders and IPs.

The evaluation showed that the UNFPA CP employed relevant partnership approaches³⁴⁶ addressed through evidence-based policy making and dialogue, advocacy and provision of technical assistance to support its partners in developing their capacities and establishing mechanisms to ensure local ownership of supported interventions, programmes and policies to the great extent. Respondents confirmed that the UNFPA established partnerships with ministries, agencies and other representatives of the partner government³⁴⁷ and implemented interventions together with the Government and local partners³⁴⁸. Respondents³⁴⁹ appreciated the UNFPA for: long-term programmes allowing achievement of better results; high flexibility of programmes, integrated and comprehensive approaches that can meet the country's and government's changing needs; continuous provision of new directions and initiatives, the results of various studies used for policy update/development and planning of activities; access to the key population groups and provision of tools for working with these groups and quick respond to emerging requests and changes; an increased focus on working with faith-based organisations and religious leaders; adjusting their cooperation tools for the governmental agencies by developing various normative acts and policies to regulate communication between the agencies and build a more effective partnership and collaboration; considering sustainability of government involvement to programme interventions (e.g. census, surveys); delegating/placing certain responsibility and role to government with the following takeover of some activities (e.g. contraception programme); and promoting CSOs as partners and owners of achievement by encouraging them to take more roles at all CP stages (unlike other UN agencies are doing this).

SRH: All UNFPA SRH-related initiatives were aligned with national programmes, planned and implemented in close collaboration with national partners (government/civil society sector). One of the most striking examples of local ownership developed was *the procurement of contraceptives by the MoH* from 2018 for women in the medico-social risk group *at the expense of the state budget* thanks to active advocacy by the UNFPA together with national partners. As result, a *five-year plan* was developed to ensure a gradual increase of the state budget for contraceptive procurement until 2023 to cover 50% of the needs of vulnerable women that enshrined in the country's commitment to the FP2020 strategy. Moreover, a *separate budget line for family planning* interventions was allocated in the MoH to maintain sustainability as a result of the strengthened *capacity and commitment of parliamentary representatives* in SRH and FP areas and programme budgeting. Currently, the *MoH continues to procure contraceptives on its own*, with an increase in funding of 1 million KGS annually. Another positive example was that *all developed clinical protocols and standards were approved by orders of the MoH and introduced into the curriculum of the Kyrgyz State Medical Institute of Continuous Education (KSMICE)*. With the UNFPA support, *the capacity of the institute's teachers was enhanced*, as well as that of *MHIF experts* who monitored on an on-going basis the quality of service provision in health care organisations for compliance with national clinical protocols. *Training of health service providers was underway*, already *without the UNFPA support*. However, given the need for regular updates of clinical protocols, taking into account new evidence and international practice, and the needs of the country, this activity would be questionable without the support of experts from international partners³⁵⁰. Moreover, *new curricula on family planning and integrated SRH and HIV services for key populations*, developed with UNFPA support, was approved by the KSMICE's Academic Board and implemented in the training process, and the capacity of the institute's almost all faculties was enhanced. *The training of health care providers in family planning was ongoing*, and it will be sustained in the future without the UNFPA support. The resolution of the roundtable affirmed 27 health care facilities as the key population friendly. *Health care workers at pilot PHCs were trained* on integrated SRH and HIV service provision for the key populations and PLHIV without stigma and discrimination. NGO staff working with the key populations were also trained to provide SRH/HIV related counselling and referrals to the pilot health facilities. However, for greater

sustainability, it is necessary to integrate this training programme into annual calendars of training to all health service providers to increase providers' commitment to such services and their accessibility for the key populations³⁵¹. In the near future, it is planned to consolidate the provision of integrated services to the key populations by the pilot institutions in the form of the MHSD order, which will make the process more sustainable.

GENDER. The UNFPA CO worked closely with the Ministries of Labour and Social Development, Internal Affairs, Health, and Emergency in addition to the NSC and civil society organisations in the GE/DBV related areas. Established partnerships with governmental institutions allowed the UNFPA to mainstream GE and GBV issues to several laws, regulations, and normative acts specified above. Public servants and all actors working with gender related issues are now equipped with the legal base necessary to promote women leadership, prevent domestic violence and protect women and girls from violence in families, from their partners and the society. The UNFPA involved a wide range of their partners and stakeholders into policy process, including religious communities. The UNFPA is the only development agency that works with religious communities, both through various government institution and the Spiritual Administration of Muslim in Kyrgyzstan, as well as through NGOs that work directly with those communities. Educational courses and modules on healthy lifestyle and positive masculinity supported by the UNFPA were introduced in madrasahs and vocational schools. Together with other UN Agencies and upon request from the government, the UNFPA supported development of the National Gender Strategy and the Nation Action Plan on Gender Issues. During the 2020 pandemic, the UNFPA conducted rapid assessments to understand the needs of women and girls to be reflected in an emergency plan of government and development partners' activities. Launch of a hotline, creation of mobile teams and crisis spaces for women and girls were tangible results of the CO studies and research supported by amendments to laws, new policies and regulations, and SOPs. In 2020, the UNFPA together with its UN and government partners in *Spotlight* initiative was able to: i) draft regulation specifying the roles, rights and functional responsibilities for staff of newly established DVPCU³⁵² to coordinate implementation of the law *On Prevention and Protection from Domestic Violence in the Kyrgyz Republic*; ii) introduce legal change into the Criminal Procedure Code that improves protection for survivors of domestic violence and enforces implementation of protection orders; iii) develop GBV crime data collection forms within the joint working group under the Prosecutor General's Office to be introduced to the Unified Registry of Crimes and Misdemeanours (URCM), and once approved they will allow GBV crime statistics be available and disaggregated by gender, age and geographical location; iv) conduct a series of technical consultations with the GPO and the Ukuk State Enterprise resulted in a specific work-plan to upgrade the Module 1 of the URCM with technical assistance to analyse and compile data on sexual and GBV across the criminal justice chain; and v) support MLSD's cooperation with networks of grassroots activists working to stop sexual and gender-based violence. After COVID-10 quarantine in 2020, Bishkek City granted a municipal building for a safe place for domestic violence victims that was continued to function as municipal crisis centre for women and girls. Furthermore, as of time of evaluation, mobile teams were still functioning in Bishkek; operation of the 117 hotline was supported by the MOH and the MoLSD; and the developed SOPs were tracked and monitored by the state authorities on their own.

In the **P&D** programme area, the UNFPA worked closely with the NSC, the Ministry of Labour and Social Development, the Ministry of Internal Affairs, as well as with the Presidential Administration and the Parliament. In order to safeguard and promote the national ownership of its partners, the UNFPA supported the following interventions, programmes and policies with each of its partner³⁵³ (in addition to the ones mentioned under other programme components):

Parliament	Joint UNFPA and representatives of Parliamentarian committees ³⁵⁴ monitoring of implementation of the <i>Law on Reproductive Rights</i> resulted in approval of the <i>Monitoring methodology and tools of the implementation of the Law on Reproductive Rights</i> by the Parliament in 2019, and made other public authorities to take steps in determining focus areas important to meet reproductive rights obligations by government. The Parliament capacity of using this tool increased.
MLSD, MIA	The UNFPA work with the specified ministries led to adoption of GBV-related SOPs; certification of a training module for GBV; review of GBV legislation analysis; and mapping of the existing essential services at national and sub-national levels.
NSC	With the UNFPA support, the following key national ownership was developed. The NSC improved its methodological capacity in general and for census performance in 2021 specifically, working conditions of the NSC building in Bishkek and regions, and updated the NSC website and software. The country received an approved Demographic Concept as well as Policy Briefs ³⁵⁵ based on population statistics and publications ³⁵⁶ . The CO assisted in establishment of Centre of Analytics and Demography together with the High School of Economy from Moscow and, Sorbonne University.
CSO/	The UNFPA partnership with the Kyrgyzstan Alliance of Midwives, GIZ, and WHO allowed to

Development partners	promote unified approaches in development of four SOPs and explored opportunities for active midwives to take action in their workplaces, communities and advocate for respectful and dignified care to women with updated evidence base and analysis of the present progress and future challenges to deliver effective coverage and quality of midwives and midwifery services.
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Adolescent & Youth programme area. The UNFPA support in policy area³⁵⁷ and bringing attention of public authorities to the youth issues at national and regional levels as well as the CO youth-focused interventions in partnership with various partners were built on the office comparable advantages and were very important in the time of increasing islamisation and radicalization and instability of the Kyrgyz society. The CO worked with religious leaders, community and faith-based organisations on promoting women/youth rights, reproductive health, and family planning issues, civic education, youth leadership and peace-building increased institutional capacity of the government bodies, as well as technical capability of medical and partner organisations in organising and coordinating measures for the sexual and reproductive health of adolescents, including emergency situations. However, the most important UNFPA work, noticed by evaluation, was in bringing up attention and promoting national ownership on socially important but ignored and socially challenging issues like family planning, sexual education among youth, HIV, GBV, and cervical cancer.

EQ7. To what extent have some of the results/partnerships built with government of other UN organizations being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

SUMMARY OF FINDINGS. The evaluation showed that over three years there were very few initiatives being scaled up due to political instability and COVID-19 pandemic. At the same time, respondents agreed that the UNFPA support and partnership initiatives allowed them to develop long lasting effects that are likely to be sustainable to a great extent. The evaluation uncovered several partnership initiatives supported by the CO that can potentially be scaled up and bring relevant evidence to policy-makers to adopt such approaches.

Respondents agreed that the UNFPA support and partnership initiatives allowed them to develop long lasting effects³⁵⁸ and likely contributed to ensuring sustainability³⁵⁹ to a great extent. The mentioned under EQ6 partnership initiatives supported by the CO were used to scale up and bring relevant evidence to policy-makers to adopt such approaches.

SRH. *Clinical protocols and standards* developed with the UNFPA support and approved by the MoH orders and introduced into the curricula of the KSMICE were adopted in the online mode. The developed electronic programs ("*e-prescribing*" (MHIF) and "*Register of women of reproductive age and social risk group*" (e-Health Centre)) will allow easy and quick access for PHC specialists to prescribe medicines, including contraceptives, and obtain real data on the number of women of reproductive age at risk group and their need for contraceptives, which is an important point for providing effective support to this vulnerable group. However, the register of women at risk was still at the testing stage and "*further support for its development and integration with other databases is still needed*"³⁶⁰. *The data from the surveys and analyses/evaluations* carried out with the CO support serves as an evidence base for decision-making by government. Respondents noted that experience gained by national partners in the areas moderated by the UNFPA would remain in the country (as mentioned by 43% of respondents during the interviews), and the increased capacity of experts 'nurtured' by the UNFPA was a long-term factor that would help the country greatly³⁶¹: "*The experience with the UNFPA is one of the positive examples where an international organisation was able to sensitively, correctly, successfully influence the capacity growth of the partner organisation and its sustainability in the future*"³⁶².

Gender. So far, very few GE/GBV related initiatives implemented with the CO support over three years of the CP were scaled up due to the political and health crises of 2019-2020. However, respondents noted several initiatives with great potential to be scaled up in terms of their scope and expansion to other regions. They include scaling up support to civil society activity in GBV at regional level by multiplying best experience, and activities and best practices of *Women and Girls as Drivers for Peace and Prevention of Radicalisation, Addressing Social Disparity and Gender Inequality to Prevent Conflicts in New Settlements, and Communities Resilient to Violent Ideologies* projects and the 2020 results of the *Spotlight* initiative to other regions and communities. The activities to be replicated can include the following: ways of female involvement, informal communication with/among the stakeholders; local government support, including financial, of local CSO initiatives; participatory mapping and contextualization of essential services packages at national and local levels; development/update of mobile applications and platforms to strengthen

coordinated prevention and response reaching out to all women and girls at risk. Based on Kazakhstan's experience, expansion of the CO work on FP, GBV to other religious communities, like Russian Orthodox Church, can bring good results.

Within the **P&D** area, the UNFPA can assist NSC in digitalization of its study and research methodology through designing standard protocols, including ethical, on data collection, recording, and reporting with new IT technologies and mobile applications and platforms (like one that Moldova NSC has on its website). Supported by the UNFPA, the NSC now produces official statistics and is responsible for SDG indicators and printed publications like *Women and Men of the Kyrgyz Republic* and *Youth in the Kyrgyz Republic*. The NSC has a potential to carry out other studies important for evidence-based decision-making in respect to the national development needs. The UNFPA supported assessments on the COVID-19 impact on vulnerable groups showed the importance of data for preparing the emergency measures and making decisions in critical situations. As a result of these assessments, timely attention and actions were taken regarding increased domestic violence, protection of sexual and reproductive rights of adolescents in humanitarian emergencies. This experience can be explored along with potential political, demographic, social challenges in the upcoming decade or two.

Within the **A&Y** area, so far only HLS curricula was scaled up to five vocational schools' education systems. The SDG *Youth Ambassadors* program was evaluated in order to be scaled up with new themes related to the SDGs and inclusion of capacity building topics as well. Respondents mentioned almost all projects and interventions related to the youth that can potentially be scaled up, especially to the local and community levels. Special attention, as indicated by stakeholders, should be paid to digitalization of the UNFPA work with the youth, like a mobile application for the youth prepared by *Red Crescent Society*.

Along with this, the evaluation showed that some initiatives, such as successful communication approaches, can be expanded by the CO to increase its visibility based of the UNFPA project experience or other country experience. For example, within the SI, the GBV sub-sector passed information on GBV concerns and statistics to the Commandant of Bishkek City who voiced them at the National TV during his daily brief, and called for peace in families and a supportive environment during COVID-19. As a result of joint advocacy, Commandant channelled the message and raised public awareness of the issue the violence nation-wide.

COORDINATION WITHIN THE UNCT

EQ8: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

SUMMARY OF FINDINGS. The evaluation showed that the CO contributed to functioning and consolidation of the UNCT coordination mechanisms to a great extent. The UNFPA positioning and roles reflected in the 2018-2022 UNDAF and the CO contribution to the UNDAF results was based on the organisation's comparative advantages such as mandate and mission, experience and established reputation in Kyrgyzstan. The CO acted as effective co-/chairs/leads of several UN thematic groups. Often, development partners used the UNFPA CO to open a door to the government to them. The CO collaborated with other UN and development agencies in designing and implementing joint programmes in purchasing the *Delivering-as-One approach*. During the COVID-19 emergency, the UNFPA contributed effectively to the Health Cluster, provided leadership in GBV and SRHR coordination, and contributed to effective coordination and complementarity within the framework of the UNCT collective response to the pandemic.

In Kyrgyzstan, the United Nations Development Assistance Framework (UNDAF) for the period 2018-2022 guided the work of the Government of the Kyrgyz Republic and the UN Country Team (UNCT)³⁶³, as well as their partnership and cooperation for results. The UNDAF contributed to achievement of the country's strategic priorities³⁶⁴, aligned with the Sustainable Development Goals (SDGs). This programme included the *Delivering-as-One approach* (DaO)³⁶⁵ as the integrated principle employed by the Government, the UN, civil society and other development partners in jointly defined the four major results (outcomes). The priorities laid down in the UNDAF fully reflected the UNFPA's activities in three main areas outlined in the 4th UNFPA Country Programme for 2018-2022 and the UNFPA CP contributed to the Government – UNCT three out of four priorities and outcomes presented in Table 15.

The 2018-2022 UNDAF incorporated the UNFPA positioning and roles in the key CO areas³⁶⁶. The UNFPA's contribution to the UNDAF results was based on the organisation's comparative advantages such as mandate and mission, experience and established reputation in Kyrgyzstan, availability of technical resources and recognized expertise as

well as political neutrality and integration to the UN country system. At time when the UNDAF was designed and approved, it reflected the interests, priorities and mandate of the UNFPA in Kyrgyzstan to a great extent.

Table 15. UNFPA roles, related SDGs, and indicative resources by 2018-2022 UNDAF Results

UNDAF Priorities/Outcomes	UNFPA role/the related to UNFPA SDGs/ Indicative Resources (USD)
II. Good Governance, rule of law, human rights and gender equality;	
Outcome 2: By 2022, institutions at all levels are more accountable and inclusive ensuring justice, human rights, gender equality and sustainable peace for all	UNFPA provides policy advice and advocacy, and support access to good practice and global policies and models, expertise and support for the implementation of international norms and standards, and promotes new skills, and more inclusive systems and ways of working that can help to strengthen key institutions to be more accountable and inclusive, and to improve the delivery of more effective, efficient, and people-centered services, and reach vulnerable groups. SDGs: 5, 10, 16 \$1,561,938.00
III. Environment, climate change, and disaster risk management	
Outcome 3: By 2022, communities are more resilient to climate and disaster risks and are engaged in sustainable and inclusive natural resource management and risk-informed development	UNFPA provides policy advice and advocacy, and support access to good practice and global policies and models, expertise and support for the implementation of international norms and standards, and promotes new skills, and more inclusive systems and ways of working that to build institutional capacity, data, and knowledge to integrate environment, climate, and disaster risk considerations more fully into country policies and plans at central and local levels. SDGs: 3, 5, 11, 17 \$70,000.00
IV. Social Protection, Health and Education	
Outcome 4. By 2022, social protection, health and education systems are more effective and inclusive, and provide quality services	UNFPA provides access to good practice global policies and models, expertise and support for the implementation of international norms and standards, and will promote new skills, and more inclusive systems and ways of working that can help to expand the quality of basic services and reach vulnerable groups. SDGs: 1, 3, 4, 5, 10 \$565,000.00

Evaluation respondents described the UNFPA CO as an effective co-/chairs/leads of several UN thematic groups³⁶⁷ with high level of organisational skills, including timely collection and dissemination of information to WG members' work³⁶⁸; strengthening capacity of members of working groups, and avoiding duplication of the UN agencies' work. Representatives of development agencies³⁶⁹ agreed that the UNFPA is a lead UN agency on working with the youth³⁷⁰. Moreover, the development partners often use the UNFPA CO 'to open a door to the government'³⁷¹. For example, with the UNFPA assistance an Advisory Council on FP2020 was established, which includes members from the MoH, the Ministry of Education and Science, the MoF, the State Agency for Youth, Physical Education and Sports, civil society representatives, international organisations, to address ongoing challenges³⁷² during quarterly meetings.

In addition to the abovementioned three initiatives supported by the Peace Building Fund and implemented together with UNICEF, UNDP, UNODC, UN Women, UNFPA: i) supported the JSI Compass Drug Supply Chain Assessment³⁷³ and development of the country program for maternal, newborn, child and adolescent health (2018-2019) along with UNFPA, UNICEF, GIZ³⁷⁴; ii) cooperated with the WB in health care reform³⁷⁵; iii) piloted projects, for example, for mobile teams, together with the Ministry of Internal Affairs and the mayor's office of Bishkek; iv) communicated with the Country Coordinating Committee (which includes representatives of government agencies, international organisations, and NGOs)³⁷⁶ on HIV-related issues; and v) partnered with the UNAIDS on HIV intervention and with the UNDP as the Principal Recipient of the Global Fund in Kyrgyzstan. The CO took an active part in the joint programmes of the UN agencies to deliver higher-level results. UN institutions' cooperation and collaboration was important in 2020 COVID-19 pandemic. The UNFPA conducted several rapid assessments on the COVID impact to provide its development partners, including UN Agencies, with needed data for joint interventions aiming at GBV and protecting needs and rights of people living under the pandemic duress, with focus on most vulnerable groups and/or people who risk being left behind. Online respondents noted that during the COVID-19 emergency, the UNFPA contributed quite effectively to the Health Cluster³⁷⁷, and to lesser extent the CO co-chaired the GBV sub-cluster³⁷⁸, provided leadership in GBV and SRH coordination and contributed to effective coordination and complementarity within the framework of the UNCT collective response to the pandemic³⁷⁹. Despite successful cooperation, joint programming and coherent work among the UN Agencies is still a challenge in Kyrgyzstan. There are several factors that influenced progressive implementation of the *Delivering as One* Standard Operating Procedures³⁸⁰. *First*, missions and size of the UN Agencies are different, and when bigger agencies cooperate more easily, smaller institutions have lesser motivation and opportunities to collaborate that resulted in "forced UN joint activities"³⁸¹. *Second*, there is high competitiveness for resources, especially for additional funding and visibility³⁸². In addition to this, "there is no competition, there is a gentlemen agreement"³⁸³. *Third*, the joint planning and harmonization of some common services under the Business Operation Strategy reduced duplication of UN institution activities to certain degree, but joint resource mobilization remains a challenge.

In its work with development partners within UN system and outside it, the UNFPA CO used its **comparative advantages** mentioned by respondents during the interviews, including³⁸⁴ the important role the Fund plays in traditional for the UNFPA areas such as maternal health care, support to statistics, work with the youth and on gender issues like GBV, producing necessary data for evidence-based decisions, promoting human rights and support to most vulnerable groups of population. Moreover, ‘the UNFPA knows how to design programs effectively using funds, time and human resources. The modest budget (compared to other UN agencies) is spent meaningfully. They focus on quality results. There is a special focus on monitoring and evaluation.’³⁸⁵ The respondents³⁸⁶ furthermore identified the following comparative strengths of the UNFPA CO summarized below:

- **Approaches:** *Long-term programs that allow you to achieve better results; Inclusion of representatives of vulnerable communities in planning processes; sector-wide approach, partnership; continuous communication, software support, communications support; integrated and comprehensive approaches; work at all three levels, starting with the population and ending with the Government and the Parliament; quick response to emerging requests and changes; access to the key groups, tools for working with these groups; thanks to the independence of the project team during the implementation of the project, all aspects that arise during the implementation were taken into account, proposals from the project team were supported, analysis of the situation was carried out before the implementation of the project; unlike other agencies where most of the ideas/projects come down and NGO organisations adapt to them, the UN Population Fund involved and included beneficiaries themselves at the time of development of project ideas; sensitivity to issues of vulnerable communities; transparency; simplified procedures for payment and selection of people for the provision of services;*
- **Target groups:** *Focus on young women and girls and work with vulnerable women;*
- **Interventions:** *Continuous provision of new directions and initiatives, the results of various studies in the areas supervised by the UNFPA with translation into Russian, as well as regular presentation and discussion with the key partners of the plans and directions of activities for the upcoming years; very focused and targeted activities; highly flexible programs that can meet the country’s and government’s changing needs; high ability to mobilize additional resources; flexibility and depth of the project; the UNFPA, like the World Bank in the republic, were of great importance in the development of the entire statistical system;*
- **Staff:** *Sociability, constant support in the implementation of the program; work standards and highly professional composition of the UNFPA CO team; openness, accessibility, accuracy, attentiveness, efficiency; understanding of the importance of ordinary employees and a good attitude towards them without any abuse of the hierarchy by the UNFPA management; flexibility of approach to partners, humanity of the staff; they differ from other partners in that they can always listen and provide assistance, but even if they cannot help in full, they always help to find a way out; reproductive health leadership; the ability to actively and honestly support organisations in capacity development.*

“High potential and business qualities of the UNFPA staff; coordination of activities with other UN agencies; ensuring the participation of partners in the discussion of their plans and taking into account their recommendations in planning; consistent cooperation and response to the needs of government agencies; attraction of new international research methodologies, standards of service delivery to victims of SGBV; providing support in obtaining advice from international experts on topical issues; effective cooperation with head offices on innovative approaches to solving SGBV problems; interest in professional growth of IP”.

Online respondents

At the same time, it was mentioned that the UNFPA operated in a more complex contextual environment than other programs³⁸⁷ and associated with narrow (mostly SRH) focus³⁸⁸; little or no population understand the UNFPA work, especially at a regional level³⁸⁹; the UNFPA language is complicated, very difficult to understand and lacks Kyrgyz translation. As for communication, respondents noted a need to ‘humanize’ and ‘simplify’ it³⁹⁰ that can easily be done through authorizing the IPs to promote the UNFPA³⁹¹ and make its activities more visible. However, there was a disagreement between respondents as to one point that there is a ‘need for brochures, data, etc. to give out’³⁹² and the other – there is a ‘need for less brochures/round tables and more direct audio lines in Kyrgyz language, hotlines’³⁹³. Furthermore, appointment of the UNFPA Goodwill Ambassador³⁹⁴ can shed more light on the CO interventions and attract attention of young people to important social issues that are hidden in a traditional society, like the need for family planning, gender equality and GBV, etc.

ADDED VALUE OF UNFPA COUNTRY PROGRAMME

EQ9: What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

SUMMARY OF FINDINGS. The UNFPA Kyrgyzstan demonstrated added value in the areas of its technical expertise and mandate, which was recognised and appreciated by national stakeholders in the country. The UNFPA was also recognised as a lead UN agency working on programme areas nobody else is working on, namely sexual and reproductive health with special mandate on sexual transmission of HIV and family planning, adolescents and youth, gender equality and gender-based violence, advocating for such pressing issues as family planning and HIV in conjunction with SRH, HIV prevention and condom promotion. In addition to this, respondents recognised that apart from the UNFPA, no one is involved in population policy/demography and production of research, studies, publications and reports³⁹⁵ with data needed for evidence-based decision making. The leading role and attention to the youth was also noticed by the UN agencies' and UNFPA's partners, specifically regarding the CO activities on sexual education.

The evaluation showed that the UNFPA was recognized as a lead UN agency working on **programme areas** nobody else is working on³⁹⁶, namely sexual and reproductive health with special mandate on sexual transmission of HIV³⁹⁷ and family planning³⁹⁸, advocating for such pressing issues as family planning and HIV in conjunction with SRH³⁹⁹, HIV prevention and condom promotion⁴⁰⁰. Respondents acknowledged the CO work in such areas as gender equality, adolescents and youth saying they think that without the UNFPA support, the work to improve access to integrated SRH and HIV services for the key populations would not have happened⁴⁰¹. Moreover, apart from the UNFPA, no one is involved in population analysis, policy, and demography issues. The CO research, studies, publications and reports⁴⁰² are valued for data required for evidence-based decision-making. The leading role and attention to the youth (27% of population)⁴⁰³ was also noticed by UN agencies' and UNFPA's partners, specifically the CO activities on sexual education⁴⁰⁴. At the same time, different stakeholders mentioned various CO added values that in summary defined a quite impressive UNFPA added value.

Government partners appreciated the UNFPA for its comprehensive approach with wide portfolio, clear strategy, combination of work at the regional and national levels with different types of activities; amazing capacity of the CO to mobilize resources; effective communication with different branches of power – Parliament, President, Government and ability to find a common language/points with each of them; little bureaucracy and quick reaction to challenges/problems; ability to work with multiple partners from different sectors (UN, civil society, government)⁴⁰⁵; focus on evidence-based and scientifically proven methods in the CO work⁴⁰⁶; proactive position and fast reaction to the country challenges/problems; flexibility, especially during the COVID pandemic⁴⁰⁷; work in different directions with civil society, medical professionals, religious communities, taking into account the needs and opinions of all parties⁴⁰⁸. KIs from government institutions thought that the UNFPA was the agency that works most closely at community level; has practical and needed expertise in specific areas, focused and narrow mandate, which is able to think and act practically and by incremental steps. The UNFPA was the first to make connections and create working relationships with the religious community⁴⁰⁹. Respondents acknowledged the UNFPA's approach to institutionalization of the results of their work through approval of new policies, educational curricula, research methodologies, health protocols, etc. in cooperation with government and state bodies by carefully addressing needs of the key populations rather than politics⁴¹⁰.

Implementing partners respected the UNFPA for its tolerant attitude towards the key stakeholder groups and their involvement in the planning and implementation processes as well as in evaluation of the CP and specific projects; support to NGOs regardless of whether they currently implement a project or not; flexibility, timely assistance; willingness and ability to share its experience, knowledge and expertise⁴¹¹; reliability, strong gender/GBV expertise, deep understanding of the situation, consistency, different channels of communication⁴¹². It was mentioned that the UNFPA had a consistent approach to programs, rather than a project-based one like others development actors, to ensure continuity and sustainability of results⁴¹³; goodwill and interest in enhancing and building the country's capacity in areas like health, health program budgeting, operating procedures on gender-based and domestic violence⁴¹⁴, etc. IPs appreciated the UNFPA's approach, according which before any joint work started, everything was discussed and negotiated down to the details with national partners, which helped achieve a better result⁴¹⁵; democratic approach in working with partners by considering partners' opinions, including them in program evaluations; mobility, loyalty, sincerity, honesty, sensitivity in communications with NGOs⁴¹⁶ and governmental⁴¹⁷ partners. IPs gave much credit to the UNFPA for initiating the state budget support to purchasing contraceptives and said they think that the UNFPA is one of the most progressive UN agencies⁴¹⁸.

UNCT partners recognized the UNFPA for its intermediate role in communication and coordination work with government⁴¹⁹; commitment to its issues and clear focus on certain areas with a deep understanding of the issues⁴²⁰; responsiveness and openness in cooperation with partner organisations; leadership in advocating unpopular social issues like family planning, sexual education, especially among youth; and practicing the *leave-no-one-behind* approach in the CO activities. The UNCT partners also valued the UNFPA as a pioneer in approaching religious communities to start discussion on sexual and reproductive health, gender violence with the Muslims Spiritual Directorate and madrassa teachers⁴²¹. Despite the fairly narrow mandate of the UNFPA, development partners appreciated a systematic approach in their work, quick response, good communication, timely feedback, openness, professional, productive approach to work⁴²², as well as the CO's creativity, flexibility, adaptability to changing conditions, trust and support to partners and treat others, including NGOs, as equal partners.

Evaluation respondents recognized the UNFPA for its proactive role in responding to the COVID-19 crisis through creation of mobile team during a pandemic in 2020, which included specialists from the Ministry of Internal Affairs, health authorities, local self-government bodies in the face of an increase in domestic violence⁴²³; careful attitude to the PPE procurement; embracing the entire supply chain of drugs; and uniting all interested partners in the evaluation, despite the barriers⁴²⁴.

CHAPTER 5: CONCLUSIONS

5.1 Strategic level	
<p>Conclusion 1. The 4th UNFPA Country Programme for Kyrgyzstan is adapted to the needs of the population, including the most vulnerable, aligned to the priorities set by international and national policy frameworks as well as with the UNDAF to a greater extent. However, at the end of the second year of implementation two additional outcomes were added to the one on SRH, namely: Gender Equality and P&D, but there was no revised CP description, no defined GE outcome baseline and target indicators and a lack of ‘strategic’ approach during strategic planning (however this was done as part of the Spotlight Initiative and another GBV project funded by the UK). At the same time there is a disconnection between CP Outcomes defined for SRH, GE and P&D components, when reporting is done by one more, namely Adolescents and Youth, and its output and outcome indicators are distributed among other three areas. All these issues confuse measurement of all CP output and outcome indicators and do not always allow to reflect the CO achievements effectively and correctly.</p>	<p>Origin: EQ #1-3 Evaluation criteria: Relevance/ Effectiveness Associated recommendation: #1</p>
<p>Conclusion 2. UNFPA position to raise socially very sensitive and often inconvenient issues of sexual, reproductive and maternal health, family planning, HIV, gender-based violence in a politically unstable situation with increasing radicalization and tendency to adopt very conservative values in society contributed to relevance of the national policy designed and promoted by UNFPA along with other UN Agencies as well as its responsiveness to national interests and needs. However, while UNFPA presence at the national level is more visible, it lacks recognition at the regional and local levels, where CO comparative strengths and approaches (like LNOB, protection and promotion of human rights for all, provision of access to SRH and reproductive rights) could produce fast and significant results to augment outcomes and integration process results in all programmatic areas and at all levels throughout the country.</p>	<p>Origin: EQ # 1, 8, 9 Evaluation criteria: Relevance, UNCT coordination, UNFPA value added Associated recommendation: #1</p>
<p>Conclusion 3. UNFPA prompt and proactive position, interventions and leadership in GBV and contributing to SRH in responding to COVID – 19 pandemic shows CO ability to get and provide evidence-based data needed for policy decisions, recognize needs of key population and those left behind, work with government (even with newly appointed officials), ‘open government doors’ to other UN Agencies and development actors, organize and lead needed interventions and mobilise resources, promote the UNFPA LNOB principle by recognising to extent possible needs of most vulnerable groups of the population (like youth, women, and other underserved). The UNFPA role in emergency situations, like COVID-19 pandemic, was recognized by government, civil society and development actors.</p>	<p>Origin: EQ #1-5 Evaluation criteria: Relevance, Effectiveness, Efficiency Associated recommendation: #7</p>
<p>Conclusion 4. During three years of the 4th CP implementation, UNFPA tried to switch its activity from building/ strengthening capacity of its partners to policy and advocacy work with them and find digital solutions to reach out to the most vulnerable, including key populations. However, in situations of political instability, changes in political and government structures, and newly appointed key public officials to Government, it is important to ‘start capacity building/ strengthening over’ of civil servants in order to ‘catch up’ with the level needed for addressing of the most vulnerable, including key populations’ interests and needs according to international standards. Moreover, capacity building of civil society organizations and community members is likewise very important. In addition, COVID-19 pandemic showed importance of innovative solutions, like empowering women from religious communities as change agents for social norm changes.</p>	<p>Origin: EQ #2-4 Evaluation criteria: effectiveness Associated recommendations: ##1, 5, 6, 7</p>
<p>Conclusion 5. Over the past three years of the 4th CP UNFPA CO faced changes in leadership and leadership style, revision of country programme, significant increase of number of projects and interventions along with external challenges (e.g. political and COVID-19 pandemic). Evaluation shows the lack of integration of four programme areas at the project/ intervention planning and implementation levels, specifically among programme NPAs. In addition, while the involvement of IPs into CP implementation is a unique feature of the UNFPA, there is a perceived lack of trust towards and high level of micromanagement of IPs by CO instead of considering the IPs as partners. In addition, UNFPA should invest more in capacity building, including both organizational as well as specific programme areas like SRH, GBV, GE, etc. and evidence based advocacy and policy work.</p>	<p>Origin: EQ #5-7, 9 Evaluation criteria: efficiency, sustainability, UNFPA value added Associated recommendation: #3</p>

<p>Conclusion 6. While UNFPA is committed to the UN <i>Delivering as One</i> principle and achieving the three transformative results in programming and resource mobilization, the sources of financing for development assistance are decreasing. Despite operating in a resource-constrained environment, UNFPA succeeded in mobilizing other resources than the core ones, but mainly from traditional donor sources (EU, UK, PBF). Attempts of reaching out for assistance to non-traditional countries like Russia, China and India showed some promising results (CO was able to mobilise funds from Russia). As fundraising is very resource consuming (time, human and financial resources) there is a need to revise CO strategy and tactics in exploring different sources of funds, including ‘out-of-box’ thinking.</p>	<p>Origin: EQ #5-7 Evaluation criteria: efficiency, sustainability Associated recommendations: #1, 2</p>
<p>Conclusion 7. The UNFPA activities contributed to better coordination of the UN agencies in Kyrgyzstan to a great extent. There are several UN institutions the UNFPA closely cooperates with (UNICEF, UNDP, UN Women, WHO, UNAIDS) and their joint activities are complementary, create synergies and reflect the interests, priorities and mandate of the UNFPA in the Kyrgyz Republic. UNFPA is recognized as a lead UN agency dealing with adolescents and youth, family planning, GBV issues and population dynamic, including data. At the same time, joint programming and coherent work among the UN Agencies remains a challenge for UNFPA office and is rather based on ‘gentlemen agreements’ as of CO focused mandate, with a small office and limited resources. As a result, the CO constantly competes for resources, recognition and visibility with development partners as well as population, specifically at a local level.</p>	<p>Origin: EQ #8 Evaluation criteria: UNCT coordination Associated recommendations: #1, 2, 4</p>

5.2 Programmatic level

<p>SRH Conclusion 8. UNFPA made significant strides in developing new clinical protocols/standards/guidelines and providing rights-based, accessible, quality SRH, FP and HIV services, including, those also for vulnerable populations. As a result of advocacy efforts, the Ministry of Health began allocating public funds to purchase contraceptives for women at health and social risk - an important achievement for the country and monitoring of budget execution to ensure the approved budget is fully spent in line with stated priorities and within appropriate timelines. To ensure sustainability, a separate budget line for FP issues was allocated in the MoH budget.</p>	<p>Origin: EQ # 2, 5-7 Evaluation criteria: Effectiveness, sustainability Associated recommendations: ##1, 5</p>
<p>SRH Conclusion 9. Trained trainers from KSMICE were able to provide training to service providers on an ongoing basis and trained MHIF experts ensured that quality control of services were in line with the new developed clinical protocols/ standards, including those based on the recommendations of the CEMD report. Developed/revised curricula on FP, integrated SRH and HIV services were embedded in the training process, making training on these issues sustainable. The FP programme helped to increase the knowledge of family physicians who were delegated these functions after the reduction of family planning offices at district level.</p>	<p>Origin: EQ # 2, 6, 8 Evaluation criteria: Effectiveness, sustainability Associated recommendation: #5</p>
<p>Gender Conclusion 10. There has been tangible progress in achieving the planned output indicators. However, baseline and target values for the GE outcome indicator were not formulated in the updated 2019 CP. Nevertheless, UNFPA contributed to the overall picture depending on available funds and activities, but measurement of nation-wide coverage of UNFPA's contribution to potential decrease of proportion of ever-partnered women and girls aged 15 years and older, subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence was not conducted due to need of larger funding than the CO can afford.</p>	<p>Origin: EQ #2-4 Evaluation criteria: Effectiveness Associated recommendation: #5</p>
<p>Gender Conclusion 11. UNFPA contributed to strengthening GE and awareness building of GBV and sexual violence by supporting: i) establishment of the National coordinating body on multi-sectoral prevention and response to gender based violence; ii) development of national evidence-based legislation, policies, and regulation; iii) conducting research and studies to get gender disaggregated data; and iv) preparation of manuals, guidelines, including clinical and reports.</p>	<p>Origin: EQ #6, 7, 9 Evaluation criteria: Sustainability, UNCT coordination Associated recom-tions: ##1, 5</p>

<p>Gender Conclusion 12. UNFPA provided valuable gender, GBV and SV related expertise; access to international best practices to strengthen its partners' capacity. However, there is a small pool of local gender experts and high competition for them among development partners.</p>	<p>Origin: EQ #4, 6 Evaluation criteria: Effectiveness, sustainability Associated recommendation: #5</p>
<p>Adolescent and youth Conclusion 13. UNFPA CO was recognized as a leader of the youth theme by all partners and contributed to the approval of <i>the Concept of Youth Policy</i> by 2030 and development of <i>the Action Plan by 2025</i> to a greater extent. Also, the CO contributed to the development of <i>Healthy Lifestyle</i> and civic education curriculum for madrasah and vocational schools' curricula. UNFPA contribution in sexual and family planning areas was specifically important in time of promotion of more traditional family values in society.</p>	<p>Origin: EQ #4, 8 Evaluation criteria: Effectiveness, UNCT coordination Associated recommendation: ##5, 6</p>
<p>Adolescents and youth Conclusion 14. By chairing the UN Youth thematic group, UNFPA took a technical leadership in the implementation of joint projects between UN system and Youth State Agency, whereby it covers, youth policy mainstreaming, youth mobilization, youth participation in 2030 agenda, youth and volunteering as well as other youth initiatives. UNFPA support increased youth participation in peacebuilding activities and creation of more resilient societies and understanding of SDGs through establishing the SDG Youth Ambassador programme, recognition of youth needs at local level through communication platforms and dialogues with different stakeholders, getting support for initiatives from local government and setting up informal relationships with local government officials, community and religious leaders to a high extent, especially in border communities. UNFPA work in this area is very important as of increased radicalization of the Kyrgyz society.</p>	<p>Origin: EQ #7 Evaluation criteria: sustainability Associated recommendations: ##5, 6</p>
<p>P&D Conclusion 15. The UNFPA was the only agency in Kyrgyzstan that worked with population data, dynamics and projections issues and supported surveys, civil registration and vital statistics, improvement of administrative data sources at national and sub-national levels. The necessity to have updated data, including disaggregated and sectoral data and to monitor population dynamics and the SDGs indicators, urged the UNFPA to stress the importance of P&D among its partners, including government and civil society institutions as well as media. However, most data were not always presented and interpreted in user-friendly way and digitalized, and not in the Kyrgyz language. Along with printed products with UNFPA produced data, there were few live TV/ audio programmes/ conversation, especially in simple presentation and in the Kyrgyz language.</p>	<p>Origin: EQ #1, 4, 6 Evaluation criteria: Relevance, effectiveness, sustainability Associated recommendation: #5</p>
<p>P&D Conclusion 16. UNFPA played a crucial role in strengthening the population data collection and processing systems with specific attention to AIS "ZAGS" and AIS "Migration" and contribution to the preparation of population and housing census from methodological and organizational context that had pivotal role in comprehensive population register and helped identify areas for further strengthening.</p>	<p>Origin: EQ #6, 7 Evaluation criteria: sustainability Associated recommendation: #5</p>
<p>P&D Conclusion 17. Despite a significant support to approval of a <i>Concept of Demographic Policy</i>, huge challenge to sustainability and long-term effects of the UNFPA work on improvement of demographic statistical data and achievement in Kyrgyzstan included absence of formal demographic education in the universities along with high turnover of personnel in NSC, lack of modern methodological approaches, and digitalization of NSC work as well.</p>	<p>Origin: EQ #1, 4, 6, 7 Evaluation criteria: Relevance, effectiveness, sustainability Associated recommendation: #5</p>
<p>Conclusion 18. UNFPA was successful in raising and improving Government attention and understanding of importance to social issues along with economic based on evidence-based approach that can bring up issues that are either inconvenient to discuss (family planning, domestic violence, HIV/AIDs, etc.) or were not considered as important (issues connected to disable people, especially women, youth, etc.). The UNFPA contribution was especially important as it provided access to international experts and best practices. However, there was still low capacity to use evidence-based data for designing informational and advocacy campaigns, policy documents as well as no unity in defining certain terms (like 'adolescent').</p>	<p>Origin: EQ #1, 9 Evaluation criteria: Relevance, UNFPA value-added Associated recommendations: ##1, 5, 6</p>

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<p>Conclusion 19. UNFPA had unique experience in working with religious community, SAM, SCRA on sexual and reproductive health, gender and gender-based violence and youth that becomes increasingly important, specifically at a regional and a local level. As part of this program, cycle UNFPA shifted its focus from capacity building of FBOs and those supporting religious women and girls to advocacy and promotion of women's meaningful participation and leadership in formulation of policies and strategies that can directly impact their lives.</p>	<p>Origin: EQ #6 Evaluation criteria: sustainability Associated recommendations: #1, 5</p>
<p>Conclusion 20. UNFPA provided meaningful support to Government in emergency preparedness and response, like COVID-19 pandemic, as public officials capacity in emergency preparedness and response was low due to high staff turnover, limited resources and low interest in "preparedness actions". UNFPA helped with data collection and its use in humanitarian actions as well as introduction of new formats of services in emergencies, using innovative technologies. The CO supported and coordinated GBV related activities with government, civil society and development partners in partnerships with UN and state partners.</p>	<p>Origin: EQ # 2-3, 6-7 Evaluation criteria: Effectiveness, sustainability Associated recommendation: #7</p>

CHAPTER 6: RECOMMENDATIONS

6.1 Strategic Recommendations	
<p>Strategic Recommendation 1. The CO should focus on development of a new CPD that is aligned with the new UNFPA Strategic Plan 2022-2025 and that provide strategic directions to achieve universal access to SRH, realize reproductive rights for all and accelerate implementation of the ICPD Programme of action and focuses on accelerating the achievements of three transformative results leading to 2030 Agenda.</p> <p>Operational implication. As three and half years passed of the 4th CP implementation, it appears too ambitious and challenging to update the narrative part and indicators for the GE outcome for the CPD following the MTR (although it did so at the output levels and as part of a number of large donor proposals which followed). Furthermore, the <i>Spotlight Initiative</i> which constitutes a large portion of the GE / GBV components and related activities already has a narrative and related indicators that are being reported regularly and have also been included in the annual plan and reports as relevant. It is more important now that CO focuses on carrying out an alignment exercise to the new Strategic Plan (2022-2025), review baselines and targets of the new SP and develop a new CPD. While developing new CP, the CO should consider the SP key strategic shifts proposed as well as lessons learned presented in the end of EQ3 findings. Also, new CP should include new innovative solutions and digital approaches as well as expand successful innovations and good practices (like on-going work with religious communities along with scaling up good practices of cooperation with Muslim leadership throughout the country and to other religious groups) mentioned in this report. Moreover, LNOB policy application should not be left behind, with focus on girls and women through empowering them and safeguarding their rights, including men and boys as the change agents for social norm changes. In addition, CO should benefit from proposed flexibility of applying modes of engagement, utilizing the best available evidence to better meet country needs and ‘build forward better’.</p>	<p>Priority: high To: CO Based on conclusion(s): ##1, 2, 6, 7, 8, 11, 18, 19</p>
<p>Strategic Recommendation 2. UNFPA CO should expand predictable and flexible funding modalities and explore new funding resources by better integrating its components and having a programme specialist/ coordinator carrying out a resource mobilization function. At the same time, the CO should revise its strategy and tactics in exploring different sources of funds (both traditional donor funding and new ones), including ‘out-of-box’ thinking and expanding partnerships.</p> <p>Operational implication. UNFPA CO is quite successful in mobilizing resources from other sources like EU, UK, PBF, Russia, or regional UNFPA office. Although opportunities for resource mobilization at the country level for UNFPA mandate keep reducing. In the absence of support from the Government of Kyrgyzstan to UNFPA, more emphasis is needed on developing concept notes, developing compelling cases to promote awareness and demonstrate the centrality of UNFPA’s mandate, investing in communication and continue exploring and identifying opportunities for innovative resource mobilization opportunities. Mobilization of resources is time and human resource consuming and requires good coordination among different UNFPA components (SRH, Youth, Gender, P&D) in order to transfer good ideas into winning proposals that is an addition work to implementation of on-going interventions for CO team. It will be important to recruit one programme specialist or a coordinator whose responsibilities would include resource mobilization along with programme coordination. Moreover, resource mobilization strategy should include a long-term view of exploring traditional donors as well as cultivating potential donors from other sectors involved or interested to participate in development activities and expanding existing and building new partnerships and liaising closely with the regional office to explore regional and global levels opportunities in addition to ones already working in Kyrgyzstan.</p>	<p>Priority: Medium To: CO, Regional office Based on conclusion(s): ##6, 7</p>
<p>Strategic Recommendation 3: UNFPA should strengthen its human resources and technical capacity, including but not limited to review of CO structure and increase of staff capacities, in order to advance country achievements in accessing SRH rights and the three transformative results and remain relevant to cover the emerging national development priorities.</p> <p>Operational implication. Due to the growing demand for advocacy, partnerships, technical support, resource mobilization and coordination for ambitious 2030 Agenda, joint UN work in light of the UN Reforms and finding sustainable solutions for upscale programming, UNFPA should have strong</p>	<p>Priority: High To: CO, Regional office Based on conclusion(s): #5</p>

<p>comparative advantage and presence in the country. This includes both strong institutional and technical capacity of the UNFPA CO Team. There are several issues that could be dealt on strengthening CO capacity. First, as there is no Country Director presence in Bishkek and the National Head of Office has multiple responsibilities, it will be important to have at a minimum an additional Programme Coordinator to support overall programme formulation, monitoring and reporting as well as resource mobilization (mentioned in the Strategic Recommendation 2). Second, there is an urgent need to hire new staff to CO, but before that it is important to update organizational structure of the CO with clearly defined roles and responsibilities. There is a need for new NPA(s) as well as operational staff. In addition, it is important to review management style of CO team, specifically on ways of working with IPs in terms of lessen micromanagement and develop more trust towards partners' ability to achieve expected results. Moreover, gaps/ lacks of staff technical expertise should be assessed as well. Then, funding gaps and opportunities required to increase staff size (number) and capacities should be identified. UNFPA should consider investing more into CO staff capacity building/ strengthening, including RBM.</p>	
<p>Strategic Recommendation 4. UNFPA CO in Kyrgyzstan has to promote awareness building on its mandate and uniqueness among public, especially at <i>local level</i>, development actors and donors, private sector and religious community at national and regional levels. And expanding partnerships for impact.</p> <p>Operational implication. UNFPA should use any opportunity to showcase its mandate, uniqueness, and achievements. It can be done through several channels. For audience in regions, more live TV/radio programmes should be aired in the Kyrgyz language mostly, where people could call and ask questions and CO team can present UNFPA activity. For other audience, more traditional presentations can be conducted along with visual products. In addition, CO can recommend the appointment of UNFPA Honorary Ambassador (or select Spokespersons) to promote the Agency work, especially on socially inconvenient issues such as GBV, family planning. Ambassador can be selected from local famous public people with good reputation, charisma and, preferably, those who speak Kyrgyz. Moreover, CO can strengthen partnerships with youth networks, women's organizations, development and donor actors on working together for greater impact.</p>	<p>Priority: Medium To: CO/HQ Based on conclusion(s): #2, 7</p>

6.2 Programmatic Recommendations

<p>All programme areas Recommendation 5. UNFPA should strengthen national capacity across all programme areas, including institutional, advocacy, policy as well as use of data for SRH, FP, GBV, A&Y, and population data.</p> <p>Operational implication. Lack of capacity of key UNFPA partners, especially government institutions at national and local levels, in all CO programme areas were mentioned throughout the evaluation. UNFPA should focus its capacity building/ strengthening efforts in the following issues (by programme areas):</p> <p>SRH: UNFPA should assist the Ministry of Health and Social Development in implementing the National Family Planning costed implementation plan developed for 2020-2024 and in supporting at emergency obstetric care capacity-building activities to reduce complications, critical conditions in obstetrics, and maternal mortality rates, with increased delegation of responsibilities to family nurses/midwives; as well as create greater sustainability in the delivery of integrated SRH and HIV services to make these services availability / scope to key populations, and expand interventions to prevent sexual transmission of HIV, given its growth, to the general population.</p> <p>GE/GBV: UNFPA should continue its support to combating GBV by: i) supporting national and local capacities through gender transformative programmes addressing toxic masculinity and men's violence, promoting gender equitable social norms; ii) contribute to build national capacities to strengthen a coordinated essential service and supply delivery, including referral mechanisms and case management, and improve access to timely, quality and survivor-centred multi-sectoral services for survivors of violence in humanitarian and development contexts; iii) supporting the meaningful participation and leadership of FBOs and religious women and girls in policy formation, decision making and strategy development processes; promoting gender-equitable norms, attitudes and behaviours.</p> <p>A&Y: UNFPA should continue supporting SAYS and local government capacity in working with youth with attention to advocacy policy work of these public institutions. At the same time,</p>	<p>Priority: High To: CO/HQ Based on conclusion(s): #3, 4, 8-19</p>
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<p>UNFPA as a lead agency in youth issues, should train more experts that can provide needed assistance in religion, law and gender issues at once.</p> <p>P&D: UNFPA should continue supporting capacity strengthening of national partners in promoting evidence-based data, the demographic policy and the NSC in producing and disseminating globally-comparable and accessible disaggregated population, SDG relevant data and SRH/GBV data using, to the extent possible, new methodology and digital tools as well as making data more accessible and understandable for the public, decision makers, media and CSOs as well as taking into account population changes, including ageing. Moreover, in order to promote the draft concept of demographic policy and population issues in general, UNFPA should support an analytical centre planned to be established by the President office with expertise in demographic analysis and forecast, integrating population projections and its implication to macroeconomic projections and policy formulation.</p>	
<p>Adolescent and Youth Recommendation 6. UNFPA should continue its lead work in the Adolescent & Youth programme area, focusing on: i) implementation of the Concept of Youth Policy by promoting the Action Plan approval, first; ii) continuing integration of <i>Healthy Life Style</i> course into the madrasah and vocational schools throughout the country; iii) expanding UNFPA work with youth and youth groups, especially at local level, through the SDG Youth Academy, civic education, online platforms and informal communication between government, religious leaders and civil society and groups.</p> <p>Operational implication. UNFPA continuing support to the A&Y component will confirm CO leadership role in this area as well as ensure sustainability and ownership of its activities. UNFPA should continue advocacy efforts towards approval of the Action Plan for the Concept of Youth Policy. Based on government support to and religious leadership recognition of integration of sexuality education into school curriculum UNFPA should continue advocating for its expansion throughout the country. Moreover, UNFPA should continue and multiply its best practices to local level and to other regions of Kyrgyzstan as well as to regional level, including SDG Academy, civic education, cross border activities, cooperation with local government and religious leaders.</p>	<p>Priority: Medium To: CO Based on conclusion(s): ##4, 13, 14, 18</p>
<p>Humanitarian / emergency preparedness and response (HEPR) Recommendation 7. UNFPA should strengthen the capacity of critical actors and partnership in HEPR area at national and local levels by enhancing existing interventions and exploring new approaches for timely, integrated, gender-transformative and peace-responsive activities and provision of life-saving RH supplies, dignity kits, PPEs, etc. as well as increase accessibility to data and the use of innovative methods in the provision of services in emergencies.</p> <p>Operational implication. UNFPA provided a prompt response during COVID – 19 pandemic emergency, both at strategic and tactical levels by employing traditional (like hot lines, crisis centres, information) and more innovative approaches (like Telegram groups, direct public officials appeal to public). However, when at national (or strategic) level such efforts were more visible as needed policy decisions were made, at local level, where needs were high but accessibility to services and supplies was much lower than in the capital, some simple items like ‘dignity’ packages were overseen by all parties (government, donors and civil society). In order to build HPR capacity at national and local levels, a comprehensive HPR strategy involving expertise and resources across public health and related sectors, encompassing public and private enterprises and extending across international, regional, national and local stakeholders is important. It should include integrated systems of policy solutions, capacity building of local partners, monitoring, risk communication and community engagement. Timely identification of needs and provision of information, RH supplies, dignity kits, PPEs, etc. can be implemented through GIS-based tools (like HHS emPOWER Map, GeoHEALTH), Social Media Analysis (like NowTrending.HHS.gov that is a web-based application that searches open source Twitter data for health topics and delivers analyses of that data for both a specified geographic area and the national level), Public Service Announcements for Emergency/ Disasters prepared in advance and virtual delivery modes, such as mobile learning (m-Learning), to disseminate information and services.</p>	<p>Priority: High To: CO Based on conclusion(s): ##3, 4, 20</p>

ANNEXES

- Annex 1. Terms of Reference
- Annex 2. List of persons/institutions met
- Annex 3. List of documents consulted
- Annex 4. The evaluation matrix
- Annex 5. Abstract of the evaluation report
- Annex 6. Stakeholders' mapping (updated, May 2021)
- Annex 7. UNFPA Intervention logic for 4th CP by programme components
- Annex 8. Linkages between UNFPA CP outputs 2018-2022, outcomes of UNFPA Strategic Plan 2018-2021, and outcomes of the UNDAF
- Annex 9. Methodological and data collection tools used

**Terms of Reference for the Evaluation of
The Kyrgyzstan Country Programme (2018-2022)**

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices for all. The strategic goal of UNFPA globally is to achieve three transformative results by 2030: ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994) and the 2030 Agenda for Sustainable Development.

As the current programme cycle of UNFPA Kyrgyzstan is approaching its fourth year of implementation (2018-2022), the UNFPA Country Office in Kyrgyzstan, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, will commission an independent evaluation of its Country Programme as part of the Country Office evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2019/1). The UNFPA country programme evaluation (CPE) will provide an independent assessment of relevance, performance and sustainability of UNFPA support provided to Kyrgyzstan during 2018-2020, as well as an analysis of various facilitating and constraining factors influencing programme delivery.

Key features of this evaluation approach are: the evaluation will cover relevance and effectiveness of the different strategies adopted in the country and thematic/programmatic areas. Given the COVID-19 pandemic and the unprecedented consequences and measures taken, the evaluation will also assess how the UNFPA Office responded to the pandemic.

The overall objective of the evaluation will be to assess the extent to which the country programme achieved its intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA country office and organization as a whole, government counterparts in the country, the UNFPA Executive Board, other development partners and relevant UN Agencies including the Resident Coordinator's office. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by a steering committee consisting of the country office evaluation manager with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group. A team of competitively selected and vetted independent evaluators will conduct the evaluation and prepare the evaluation report.

B. COUNTRY PROFILE⁴²⁵

The Kyrgyz Republic is a land-locked, lower-middle-income country of 6.5 million people (estimated as of early 2020), with over 100 ethnicities living in largely mountainous, rural terrains spanning eight provinces (oblasts). After the break-up of the Soviet Union in 1991, Kyrgyzstan was plunged into a major economic crisis. After a period of steep economic decline, the country transitioned to a market economy, although poverty rates still hover at about 25% of the population.

The population of the Kyrgyz Republic has increased by 45% or more than 2 million since independence. The total fertility rate in Kyrgyzstan has been growing steadily since early 2001, when it was 2.4. By 2018 it had risen to 3.9 births per woman. Over a third of the population of the Kyrgyz Republic is between 15 and 25 years old. The number of youth entering the labor market is very high (more than 350,000 a year) and will grow further in the coming years, putting serious demands on employment services, vocational orientation, etc. At the same time, the high proportion of young people presents great opportunities to benefit from a demographic dividend. This «demographic window» will disappear quickly, with downward trends in the birth rate playing a decisive role. It is therefore urgent to use this window of opportunity for strategic and targeted investments in quality education and health for youth in order to boost human capital development.

Despite health-care reforms, Kyrgyzstan has one of the highest maternal mortality rates (SDG3.1) in Central Asia at [60 deaths per 100,000 livebirths in 2017](#). 99.8% of pregnant women were attended at least once by skilled health

personnel. However, only 70% women were offered a free pregnancy insurance policy (MICS 2018). The adolescent birth rate in the country decreased from 65 (MICS 2012) to 50 per 1,000 women (MICS 2018) and abortion remains one of the primary methods of family planning. The adolescent birth rate in rural areas is 2 times higher than in urban areas (64 versus 32 children per 1,000 women).

If by 2015 the need for contraception was partially covered by humanitarian supplies, today the Republic is moving to market-based mechanisms of contraception distribution, which can complicate the situation taking into account the low level of income of the population. Another reason for concern is the fact that the modern model of family formation in the Kyrgyz Republic implies the birth of the desired number of children with minimum regulation of birth spacing. As a result, the proportion of children born with an interval of less than 36 months after previous births is not decreasing, more than that, it is even slightly increasing, which threatens the health of mother and child. The challenges also include religious and cultural aspects, such as opposition by partners, families or communities. However, progress in addressing the specific reproductive health needs of the population cannot be questioned. Kyrgyz legislation on family planning and the protection of reproductive rights is one of the most progressive and comprehensive in the modern world. However, the practical safeguarding of reproductive rights remains an important objective of the State policy.

Gender equality and the empowerment of women and girls is prominently included in the national development strategy, constitutes a cross-cutting issue in the medium term program 2018-2022, and is supported by new gender equality policies and legislation. However, ineffective implementation of these provisions is a fundamental challenge, due to significant institutional weaknesses, and very limited financial and human resources. Research widely agrees that the root causes for persistent gender inequalities can be found in deeply entrenched social norms of the expected roles of women and men, which permeate all spheres of life in the Kyrgyz Republic, and in patriarchal attitudes, particularly in rural areas.

Domestic violence is one extreme manifestation of gender inequality. In April 2017, a new law was adopted on the Security and Protection from Family Violence. The 2016/2017. "Gender in the Perception of Society" research reported that more than 20% of marriages in the Kyrgyz Republic are committed by abducting a bride (with or without her consent), the proportion of forced marriages is 6%. Moreover, bride kidnapping for marriage purposes in the rural areas happens twice as often as in urban area. At the same time, a large part of the population of the country tolerates violence against women, and there is a widespread opinion in the society that a husband has the right to discipline his wife in any way. So, every third woman and every second man think that it is permissible to hit a wife in some cases. Women themselves justify violence in cases where a woman does not care for children well enough, leaves the house without telling her husband.

Patriarchal attitudes and stereotypes of the perceived role of women and girls in society are common in Kyrgyzstan, and such attitudes, beliefs, and behaviours (both individual and institutional behaviours) are entrenched in deeply rooted social norms. Furthermore, a re-emerging conservatism regarding stereotypical gender norms and roles of women and men has been observed in Kyrgyzstan in the last 10 years. This contributes to the reinforcement of strict and rigid gender roles. These social norms often take precedence over existing legal frameworks related to gender equality, including violence against women and girls (VAWG), which prevents women and girls from fully realizing their rights.

VAWG in Kyrgyzstan is widespread. The most common types of VAWG in Kyrgyzstan are domestic violence (DV) and the most common forms of harmful practices (HP) relate to child marriage and abduction for forced marriages. In Kyrgyzstan, cultural acceptance of violence – especially in the family but also in society as a whole – remains unacceptably high.

Kyrgyzstan has a high degree of ownership of the Sustainable Development Goals (SDGs). As the first VNR report of the Kyrgyz Republic for 16 SDGs (SDG 14 does not apply) showed, since the adoption of the SDGs the Kyrgyz Republic has ratified important international agreements and Conventions (e.g. the UN Convention on the Rights of Persons with Disabilities and the Paris agreement on Climate Change) which contribute to providing additional opportunities to the country's progress towards the 2030 Agenda (VNR 2020). The National Development Strategy of the Kyrgyz Republic 2018-2040 has a strong reference and commitment to achieving the 2030 Agenda.

C. COUNTRY PROGRAMME

The 4th UNFPA Country Programme Document for Kyrgyzstan (DP/FPA/CPD/KGZ/4) was approved by the UNDP/UNFPA/UNOPS Executive Board at its second regular session in New York in September 2017. The UNFPA

financial commitment over 5 years towards the programme was approved at \$3.4 million from regular resources and \$1.5 million from other resources or an estimated total of \$4.9 million. Other than a small component for Programme Coordination assistance of \$0.4 m for five years, the remainder of the funds were to be programmed for reproductive health and reproductive rights, with the other components (young people, gender and Population and Development) mainstreamed through RH and more specifically through two outputs. At the time of the CPD approval the country was classified as “orange” as per UNFPA strategic plan color coding classification but later on became “Yellow”. In line with the UNFPA business model, the programme is progressively shifting to more advocacy and upstream policy support, to strengthening institutional capacities, as well as implementation and accountability mechanisms within the national health system and gender machinery to deliver quality gender sensitive and client friendly reproductive health services with a focus on vulnerable groups. It also involves upstream policy engagement aimed at the development of evidence-based programmes and plans in the areas of gender, youth, and data and population.

Shortly after the approval of the CPD and over the course of 2018-2020, the Office was able to mobilize substantial resources from the Peace Building Fund, Russian Federation, the EU, the UK and more recently to respond to the COVID-19 pandemic in areas related to reproductive health, youth development and participation, gender as well as population and development. As such, and in order to reflect the increase in scope of the programme, additional outputs were created in the UNFPA ERP system (Atlas) and new indicators and targets added over time. This was also reflected and documented in the programme Mid-term review which took place at the end of 2019 and which resulted in an updated results and resources framework.

The country programme contributes to the national priorities outlined in the National Strategy on development for 2018-2040 as well as sectoral government programmes. The programme is aligned with the Sustainable Development Goals, UNFPA Strategic Plan 2018-2021 and the United Nations Development Assistance Framework (UNDAF) for Kyrgyzstan 2018-2022. The programme contributes to the following priority areas of the UNDAF in Kyrgyzstan: (i) Sustainable and inclusive economic growth, industrial, rural and agricultural development, food security and nutrition; (ii) Good Governance, rule of law, human rights, and gender equality; (iii) Environment, climate change, and disaster risk management and (iv) Social Protection, Health, and Education.

When the country programme was approved it aimed to deliver the following 2 outputs:

Output 1: Strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations.

Output 2: Improved evidence-based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations.

The following additional outputs were added during the period 2018-2020:

Output 3: Strengthened national capacity to promote the rights of women and adolescent girls with a focus on prevention and response to gender based violence in the development and humanitarian context.

Output 4: Strengthen national capacity to generate, disseminate and effectively use quality disaggregated data for evidence based policy formulation, decision making and monitoring of SDGs.

D. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of evaluation: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme as also updated during the MTR exercise;
- To provide an assessment of the country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results, including as a result of the COVID-19 pandemic.
- To draw key lessons from the past and the current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.
- To document good practices and innovation in programme intervention design or strategy development, if available

The evaluation is expected to be completed by September 2021 and carried out in accordance with the Evaluation Implementation Plan (ref: Annex).

Scope of evaluation:

The evaluation will cover Kyrgyzstan and the following four programmatic areas: sexual and reproductive health, adolescents and youth (including as part of the peace-building fund), gender equality and population and development. During the evaluation and if the situation allows there may be field visits to relevant areas and several interviews with key stakeholders which will also need to take into account the response to the COVID-19 pandemic.

The evaluation will cover all activities planned and/or implemented during the period **2018-2020. Cross-cutting areas will include:** partnership, resource mobilization and communication.

The evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plan for 2018-2021, the 2018-2022 UNDAF and national development priorities and needs.

The evaluation process will ensure mainstreaming of disability inclusion into the context, evaluation questions, criteria, methods, data collection and analysis and reporting.

E. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria: relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be used for the evaluation.

Relevance:

- EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with an emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UNDAF, as well as SDGs?

Effectiveness:

- EQ2. To what extent have the intended programme outputs been achieved?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?
- EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of women and young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Efficiency:

- EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA country programme?

Sustainability:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government, development partners, CSOs and private sector allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?
- EQ7. To what extent have some of the results/partnerships built with government of other UN organizations being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

UNFPA Country programme coordination with UNCT:

- EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value:

- EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

F. METHODOLOGY AND APPROACH

The evaluation will be based on a participatory design that is expected to include quantitative and qualitative data collection methods.

The evaluation team analyze the intervention logic and identify gaps or weakness in the intervention logic.

The evaluation team collect, analyze and present data that speaks to gender and human rights responsiveness of the programme intervention. There should be some reflection of gender and human rights responsiveness in the evaluation methodology e.g. evaluation approach, sampling, evaluation matrix. The evaluation process will also ensure mainstreaming of disability inclusion into the context analysis, evaluation questions, evaluation methods, data collection and analysis and reporting.

The proposed methodology by the evaluation team will elaborate in detail on the relevant data sources, sampling size and techniques, data collection instruments and procedures, ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data Collection

The evaluation will use a multiple-method approach to data collection, including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Depending on the COVID-19 pandemic situation in the country, online meetings for data collection, use of young people and national volunteers might be considered.

The evaluators will be required to take into account **ethical considerations when collecting**, preserving and reporting information for this evaluation.

Data validation

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers and the Evaluation Reference Group. The evaluation team has to demonstrate that validity of data and a systematic triangulation of information are followed in the draft and final evaluation report.

Data Analysis

The evaluation team will ensure the following in analyzing data, formulating findings and reaching to conclusions.

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?
- iv. Is the analysis transparent about the sources and quality of data?
- v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- vi. Does the analysis show different outcomes for different target groups, as relevant?
- vii. Is the analysis presented against contextual factors?
- viii. Does the analysis elaborate on **cross-cutting issues such as equity and vulnerability, gender equality and human rights?**

Stakeholders participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. **The evaluation manager will perform a stakeholders mapping** for the country in order to identify both UNFPA direct and indirect

partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme. The stakeholder mapping must be concluded before the design phase.

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office comprising key programme stakeholders (national governmental and non-governmental counterparts, representative of young people, Evaluation Manager from the UNFPA Country Office). UNFPA will seek a gender balance in forming the evaluation reference group.

The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

G. EVALUATION PROCESS

The evaluation will unfold in four phases, each of them including several steps.

a. **Preparation phase (5 weeks, January-February 2021):**

This phase, managed by the UNFPA Office, will include:

- Drafting of programme evaluation (CPE) Terms of reference (ToR);
- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Regional Office;
- Selecting potential evaluators and submitting them for vetting by the UNFPA Regional Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader;
- Preparing the initial set of documentation for the evaluation, including the list of projects and stakeholders map.

The preparation phase may include a short *scoping exercise (on or off site)* by the Evaluation Team Leader to gain better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify potential sites for field visits etc.

b. **Evaluation design phase (5 weeks in end Feb-March)**

This phase will include:

- a **documentary review** of all relevant documents available at UNFPA HQ and CO levels regarding the country programmes for the period being examined;
- a **stakeholder mapping** – The evaluation manager will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- an **analysis of the intervention logic** of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- the **finalization of the list of evaluation questions**;
- the **development of a data collection and analysis strategy** as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will produce a **design report** that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report. The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the **UNFPA Evaluation Steering Committee** before the evaluation field phase commences.

c. **Field phase (2 weeks in May) – This will depend on the current epidemiological situation and may be replaced by online interviews**

After the design phase, the evaluation team will undertake a three-week collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. At the end of the field phase, the country evaluation team will provide the CO with a **debriefing presentation** on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

d. Synthesis and dissemination phase (16 weeks June - September)

During this phase, the Country Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting and the Evaluation Team Leader.

This **first draft country report** will be submitted to the Evaluation Reference Group for comments (in writing). Comments from the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country report will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the country, in a format to be agreed upon.

A. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- evaluation design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should have a maximum of 30 pages;
- a first draft evaluation report accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft evaluation report (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and Evaluation Reference Group. The evaluation report should have a maximum of 50 pages (plus annexes); a presentation of the results of the evaluation for the dissemination seminar to be held and led by the national evaluators;
- a final evaluation report, based on comments expressed during the dissemination seminars.
- An evaluation brief (maximum 4 pages) summarizing the evaluation report.

All deliverables will be written in English. The evaluation brief, presentation for the dissemination seminars will be translated into Russian and might need to be translated in Kyrgyz if requested by national counterparts.

B. Work plan/ Indicative timeframe

Phases/deliverables	Dates
Preparation phase - Drafting and approval of the ToR - Vetting and recruitment of experts (TL, RA, National Experts)	Jan-Feb. 2021
Evaluation design phase: - Submission of the design report	end of February - April 2021
Field phase: - Data Collection - Debriefing CO	May – June 2021
Synthesis and dissemination phase: - 1st draft Evaluation Report - Dissemination - 2nd draft Evaluation Report - Final Evaluation Report	July - Sept 2021

C. COMPOSITION OF THE EVALUATION TEAM

An Evaluation Team Leader and two Evaluators who are external to UNFPA will carry out the evaluation. At least one member in the evaluation team should be female. The evaluation team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and humanitarian programme.

The evaluation team will consist of:

- a. **International Evaluation Team Leader** with overall responsibility for the design and implementation of the CPE. S/he is responsible for the production and timely submission of all expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the Evaluation Team and ensure quality of the evaluation products. The Evaluation Team Leader will be responsible for covering at least one programmatic area of the CPE. The Evaluation Team Leader should have the following qualifications:
 - Advanced degree in social sciences, political sciences, economics, management or related fields;
 - Minimum 10 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator;
 - Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies);
 - Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data;
 - Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets;
 - Familiarity with UNFPA or UN programming;
 - Excellent writing and communication skills;
 - Excellent command of both spoken and written English is required. Good knowledge of Russian would be an asset.
- b. **Two National Evaluators (Evaluation team members)**, who will each provide expertise in one programmatic area of the evaluation. The evaluators will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of evaluators in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:
 - Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;

- At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other national/international organizations;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;
- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Good knowledge of the national development context and be fluent in Russian. English, Kyrgyz language are a strong asset;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills.

D. Remuneration and duration of contract

The provisional allocation of workdays among the evaluation team will be as follows:

Evaluation Phase	Team Leader	Evaluator 1	Evaluator 2
Preparation (scoping mission)	5	5	5
Design	10	5	5
Fieldworks	15	15	15
Reporting, including	20	15	15
<i>Contribution to first draft report</i>			
<i>Consolidation and finalization of the final report</i>			
<i>Preparation and facilitation of stakeholder workshop</i>			
Total	50	40	40

The exact workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA.

Payment of the evaluation consultancy fee for **International Evaluation Team Leader** will be made in three tranches against the following milestones:

- 20% Upon approval of the evaluation design report by UNFPA
- 40% Upon acceptance of the first draft final evaluation report by UNFPA
- 40% Upon acceptance of the final evaluation report by UNFPA

Payment of the evaluation consultancy fee for **National Evaluators** will be made in two tranches against the following milestones:

- 40% Upon acceptance of the first draft final evaluation report by UNFPA
- 60% Upon acceptance of the final evaluation report by UNFPA

Daily Subsistence Allowance (DSA) will be paid per night spent at the place of the mission following UNFPA DSA standard rates (if there will be travel). Travel costs will be settled separately from the consultant fees.

E. Management and conduct of the evaluation

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of the UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The evaluation will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Evaluation Steering Group:

The Evaluation Steering Committee (ESC) will have overall responsibility for management and coordination of all components of the evaluation including evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall supervision on the Evaluation Team (including International Team Leader and National Team) and evaluation processes. ESC will consist of the UNFPA Country Director, Head of Office, Programme staff and RO M&E Advisor.

The role of the ESC will include the following tasks, but not limited to:

- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader and National Experts);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;
- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to the evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders.

The Evaluation Manager will:

- Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- Conduct stakeholders mapping;
- Provide Evaluation team with available internal and external data relevant to the country
- Facilitate the establishment of the Reference Group
- Ensure the evaluation team followed the UN ethical considerations
- Be supported by the RO M&E adviser

The reference group composed of representatives from the UNFPA country office, the national counterparts, the UNFPA regional office as well as from UNFPA relevant services in headquarters.

The main functions of the Reference Group will be:

- to discuss the terms of reference drawn up by the evaluation manager;
- to provide the evaluation team with relevant information and documentation on the programme;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

BIBLIOGRAPHY AND RESOURCES

Annexes:

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations (see below)

Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance (<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)

Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA (<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

Annex 4: Equity-focused and gender-responsive lens evaluation (<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)

Annex 5: Theory of change for UNFPA Kyrgyzstan CO CPD 2018-22

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy- setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System <http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 5: Theory of change for UNFPA Kyrgyzstan CO CPD 2018-22

**Theory of Change for CPD 2018 – 2022
Kyrgyzstan country office**

1. Introduction

The theory of change suggests logical chain that will enable Kyrgyzstan UNFPA country office to achieve outputs and contribute to the Strategic Plan outcomes in the new Country Program 2018 – 2022. It demonstrates graphical presentation of problem tree and objective tree, explains critical assumptions as well as presents potential outputs for the Country Program 2018 – 2022. The overall context for theory of change is presented in situation analysis of CPD. The theory of change has been developed in participatory manner in cooperation with national stakeholders. The UNFPA guidance note on development of theory of change for country programs has been used for preparation of the theory of change.

The country office organized one day meeting and discussed situation analysis, challenges, solutions for the challenges and UNFPA's comparative advantage with national partners. Around 50 national partners participated in the meeting. The country office tried to ensure good and wide representation of national partners from various areas of UNFPA work in the country, young people as well as non-traditional partners. Discussion of challenges, solutions and UNFPA's comparative advantage took place in small groups. At the second meeting (half day) the country office staff and 10 national partners developed problem tree for theory of change. After that the office staff developed problem tree and other parts of theory of change based on national partners' feedback.

After developing a big complex picture of existing challenges that are presented in problem and objective trees, the office staff further discussed UNFPA's comparative advantage in Kyrgyzstan, identified unique contribution of UNFPA and determined the things that UNFPA will focus on within the theory of change taking into account assessment of resources for next country program. By doing these, the country office sharpened a focus of new CPD and developed potential outputs. Potential outputs are described and presented in the Pass Action Model.

2. Unpack the problem

As described in the situation analysis, a lot of problems exist in Kyrgyzstan for women, adolescents and young people that hinder development of the country including high maternal mortality, high unmet need for family planning, adolescents birth rate, high abortion rate, high prevalence of HIV and STI among young people, child marriages, bride kidnapping, poor quality of education, high unemployment among young people, need to improve quality and reliability of data and lack of evidence-based programs and policies.

The above problems are the consequences or effects of focal problems on SRH and young people.

Focal problem on SRH

Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access

Weak capacity of healthcare system to provide quality integrated gender sensitive SRH services is immediate cause 1 of the focal problem on SRH followed by level 1, 2, 3 causes.

- Level 1 causes include weak inter-sectoral coordination and coordination within health system, poor infrastructure, poor implementation of policies high turnover of healthcare providers, poor access to SRH goods and contraceptives, low preparedness to humanitarian situations and lack of quality standards.
- Level 2 causes include weak coordination mechanism, poor management skills, weak knowledge and skills to analyze and use data, weak coordination between development partners including UN agencies, inadequate capacity of national partners to develop policies, non-availability of clinical protocols in health facilities, weak M&E system, insufficient budget, low motivation of health personnel, weak human resources retention policies, insufficient level of knowledge and skills of health providers, inability of healthcare providers to provide gender sensitive services, expensive medicines and contraceptives, lack of budget for contraceptives for vulnerable women, lack of coordination between MoH, MoE and MoEm, low awareness of population on disaster preparedness, weak implementation of disaster preparedness plans, insufficient knowledge and skills of national partners to develop good quality standards and poor compliance with clinical protocols.
- Level 3 causes include lack of education programs to develop evidence based policies, weak commitment of government to allocate budget, lack of recognition, low salary, high workload for health care providers, outdated curricula and programs, lack gender research/gender sensitive policies on SRH, poor government

regulation of prices on medicines, weak management skills of MoEm and MoH, lack of training programs to develop quality standards.

Low demand for quality of integrated SRH services is immediate cause 2 of the focal problem on SRH followed by level 1, 2, 3 causes.

- Level 1 causes include low awareness about SRH issues, lack of sexuality education, lack of men and boys involvement in caring for women, gender inequalities, increased prevalence of gender-based violence.
- Level 2 causes include lack of information materials, weak support from communities, lack of knowledge of men and boys about SRHR and gender equality, lack of sexuality education standards, lack of informal education and dialog platforms for youth, economic dependency of young families, conservative beliefs and stereotypes in the society, including decision makers, weak role of mass media in awareness raising on SRH, unwillingness of parents to talk to children about SRHR.
- Level 3 causes include lack of budget, resistance from conservative groups, conservative beliefs and stereotypes in the society including decision-makers, lack of innovation approaches to youth education, lack of state programs for young families, internal and external migration, parents do not have knowledge and skills on SRH, lack interest of mass media, weak capacity of mass media.

Focal problem on young people

Increased priority on adolescents, especially on very young adolescents girls, in national development policies and programs, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

Adolescent and young people face a number of challenges in the transition from adolescence to adulthood in Kyrgyzstan. Adolescents and young people encounter numerous barriers in exercising their rights to comprehensive sexuality education and to sexual and reproductive health services that in turn impede their rights to become active citizens of the country.

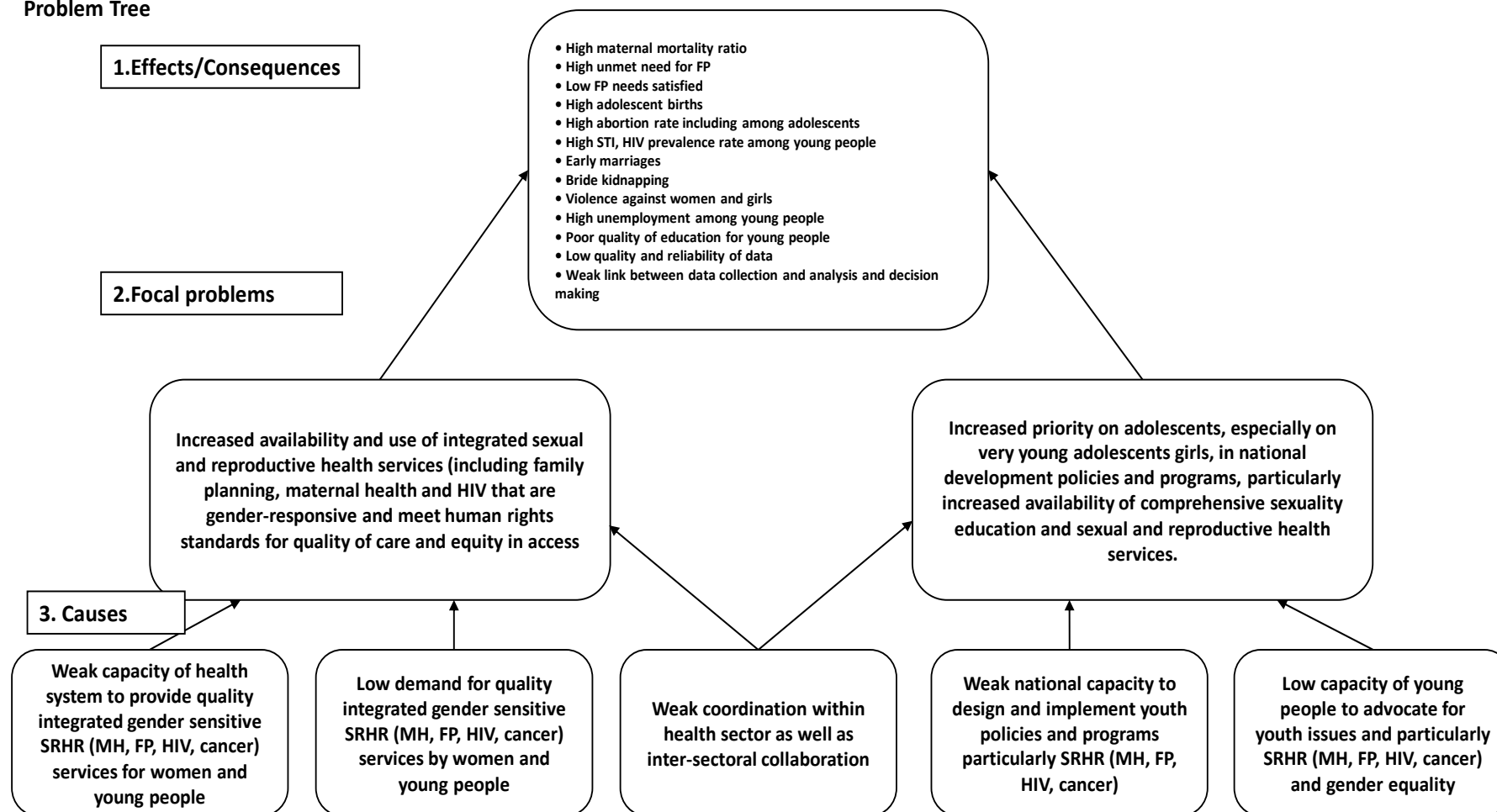
Weak national capacity to design and implement youth policies and programs is immediate cause 1 of focal problem on young people followed by level 1, 2, 3 causes.

- Level 1 causes include inadequate analysis and use of data, lack of quality disaggregated data, weak implementation of youth policies weak mechanism for youth involvement, weak coordinating body.
- Level 2 causes include low knowledge and skills to analyze and use data, weak inter-sectoral cooperation, low interest on part of state institutions, unstable structure of government.
- Level 3 causes include poor management skills, weak coordination mechanisms, weak potential of state institutions, low budget, competing interests of political parties and political environment.

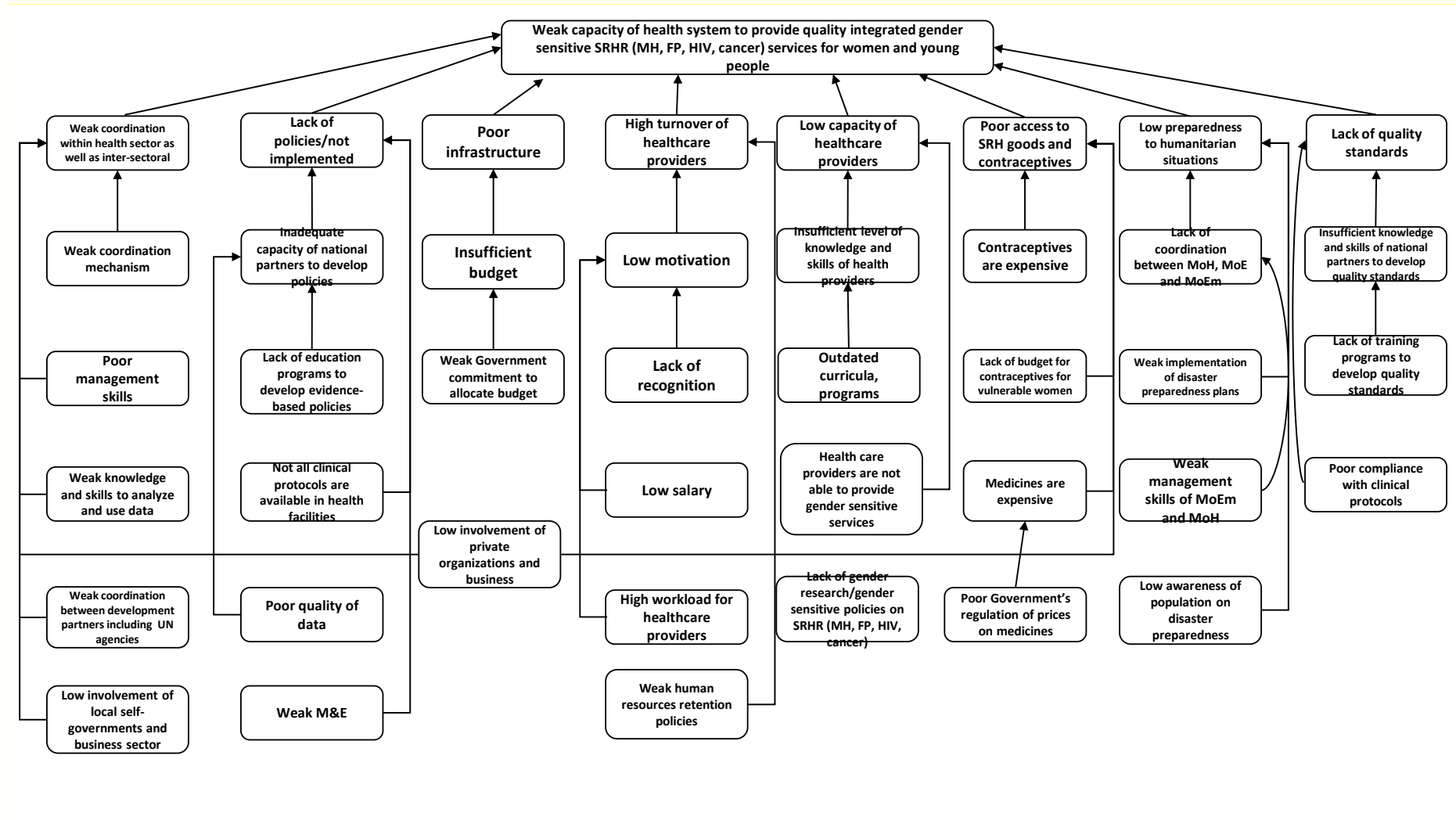
Low capacity of young people to advocate for youth issues and particularly SRH and gender equality is immediate cause 2 of the focal problem on young people followed by level 1, 2, 3, and 4 causes.

- Level 1 causes include high unemployment, lack of critical number of young leaders on SRH, lack of intergenerational dialog, gender inequalities and lack of opportunities for self-development and self-realization.
- Level 2 causes include lack of knowledge and skills on leadership of young people, lack of jobs in the regions, prevalence of conservative beliefs and stereotypes in the society, increased influence of cultural norms and traditions, lack of systemic approach to support and create opportunities for young people, mismatch between education and job requirements, increased role of religion in families and society.
- Level 3 causes include lack of education programs/ curricula on leadership including life skills based education, lack of professional orientation for young people and schools, patriarchal traditions in families and poor quality of education, weak state policy on preparation of human resources, no assessment of job market

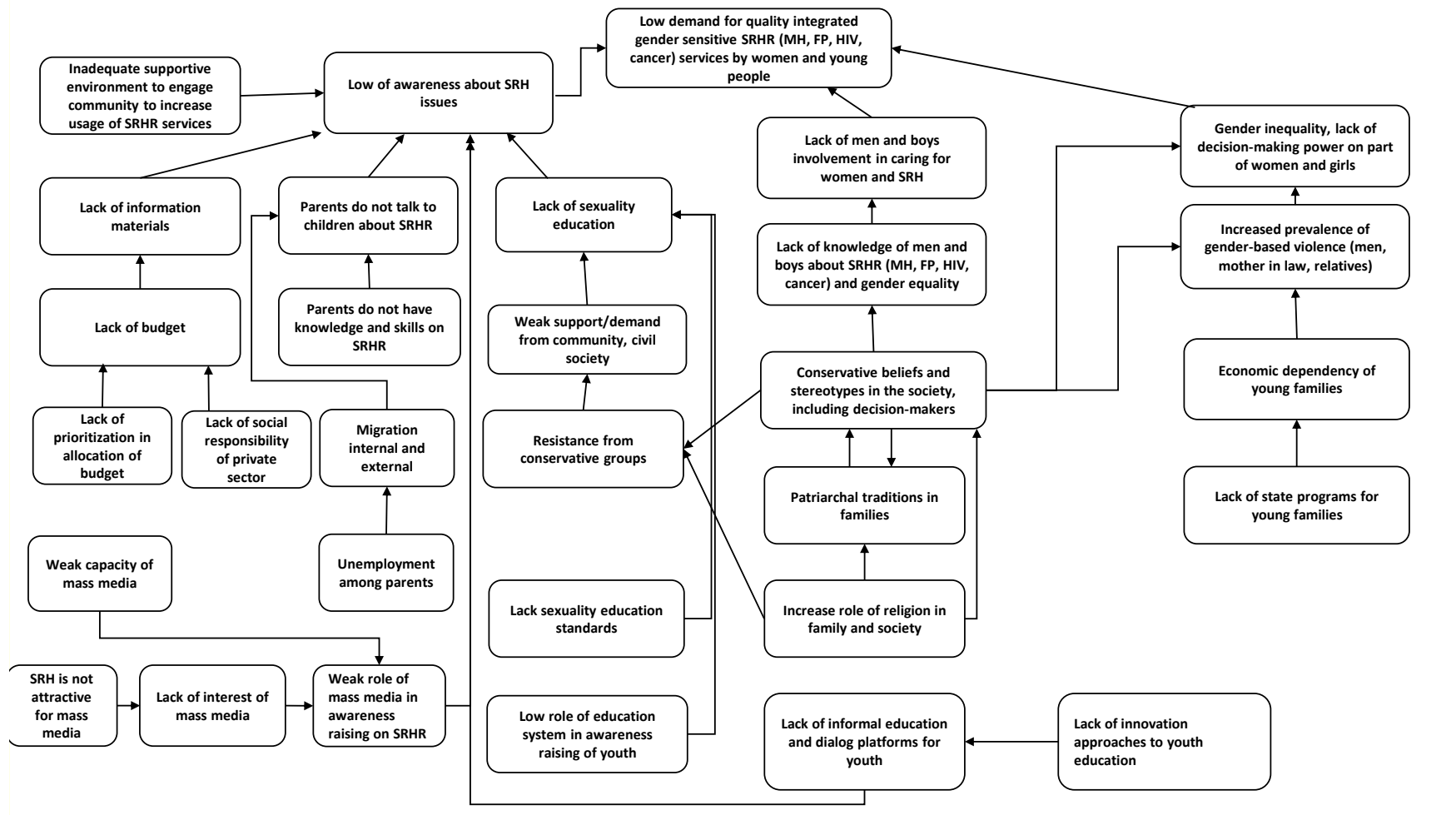
Problem Tree



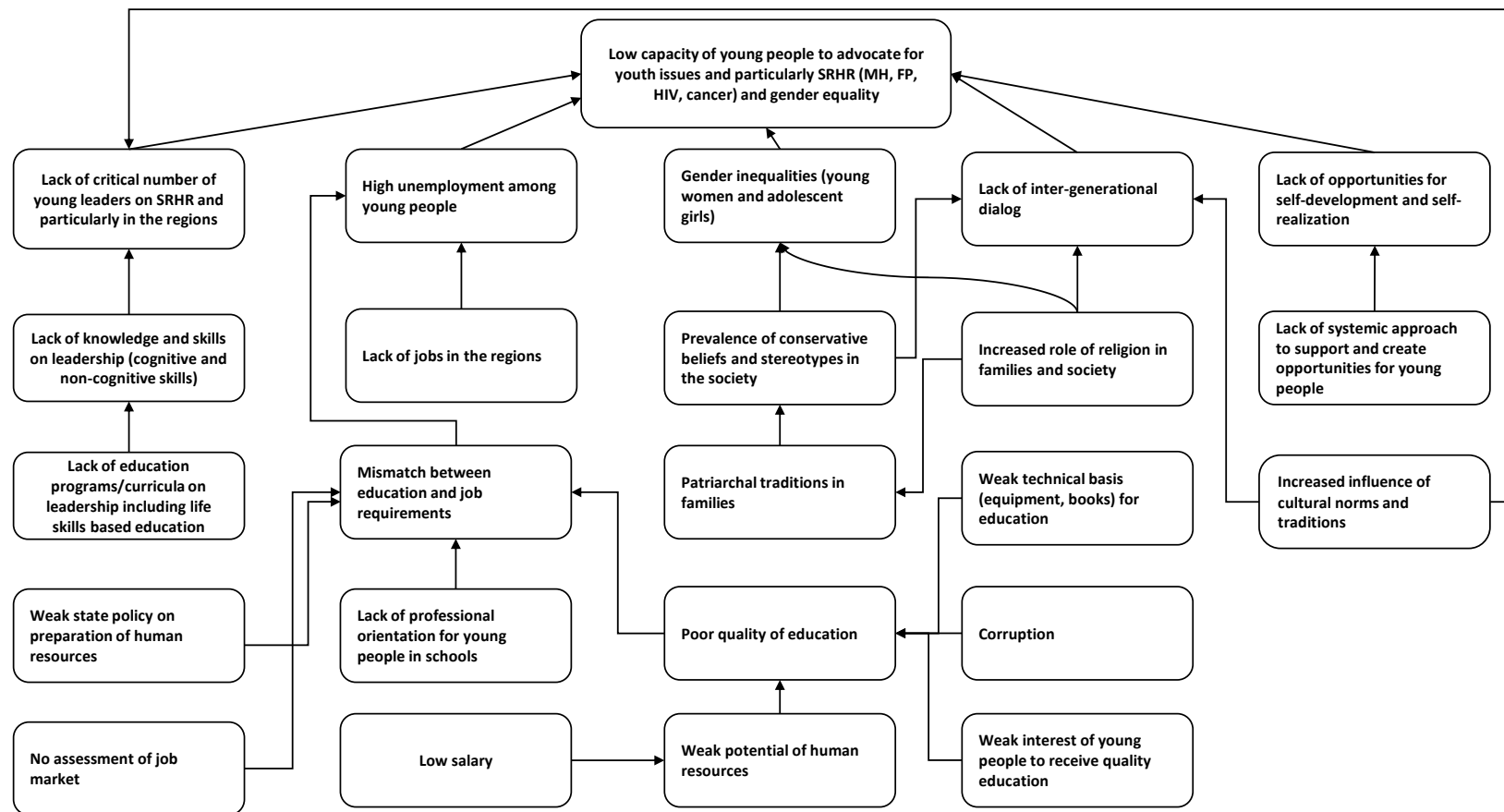
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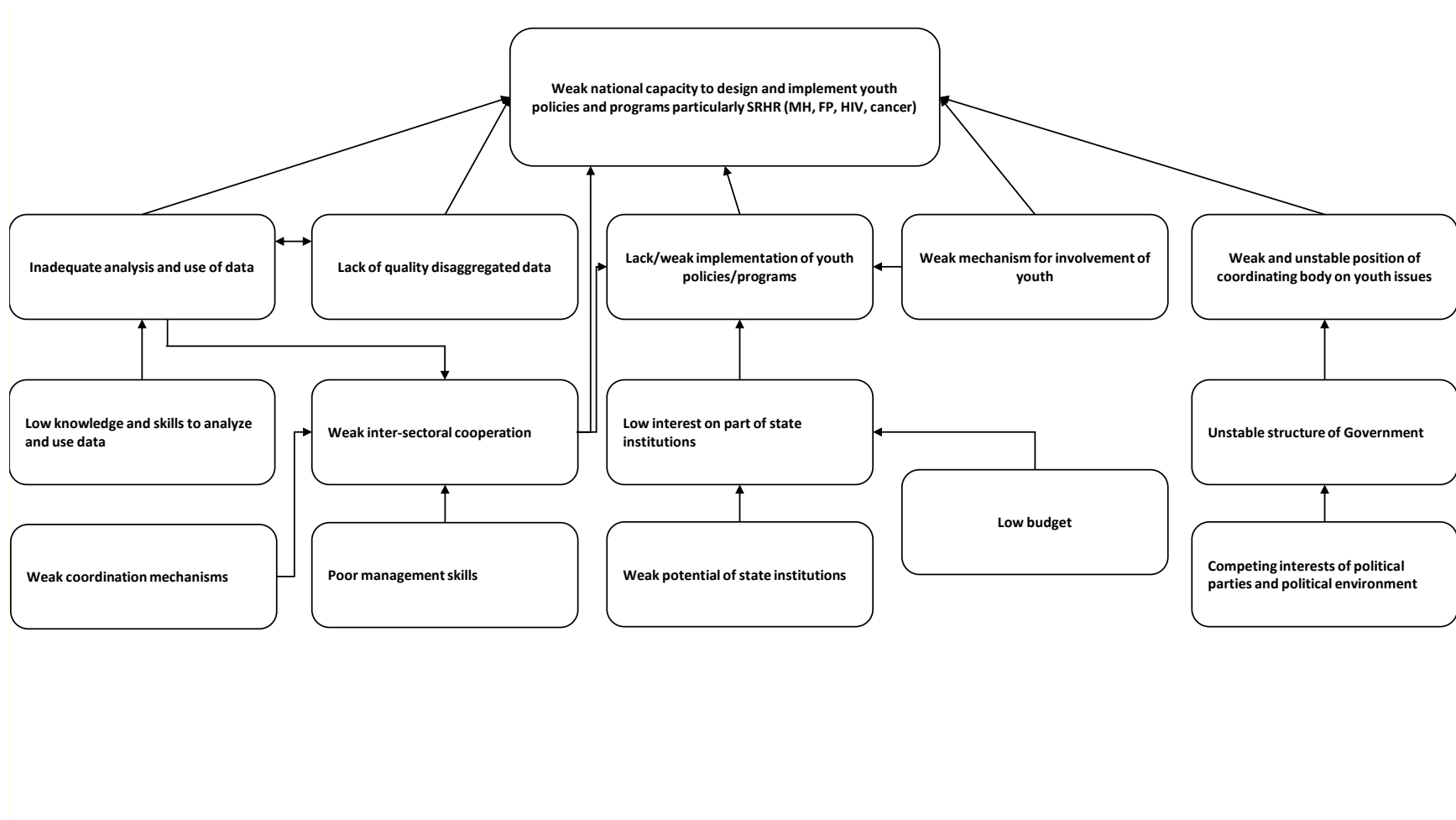


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FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)





3. New Change Model

The above problem tree was converted to objective tree by rephrasing each of the problems as positive desirable objective.

As demonstrated in the objective tree strengthened capacity of health system to provide quality integrated gender sensitive SRH services for women and young people is a solution or immediate objective for the focal problem on SRH

In order to reach immediate objective the following level 1 objectives need to be achieved: strengthened coordination with health sector as well as inter-sectoral, evidence based policies need to be available and implemented, improved infrastructure, decreased turnover of healthcare providers, increased capacity of healthcare providers; increased access to SRH goods and contraceptives, strengthened preparedness to humanitarian situations and quality standards needs to be in place.

Level 2 objectives include strengthened coordination mechanism within health system as well as inter-sectoral, improved management skills, increased knowledge and skills to analyze and use data, strengthened coordination between development partners including UN agencies, increased capacity of national partners to develop policies, availability of clinical protocols in health facilities, strengthened M&E system, sufficient budget, increased motivation of health personnel, improved human resources retention policies, sufficient level of knowledge and skills of health providers, ability of healthcare providers to provide gender sensitive services, not expensive medicines and contraceptives, available budget for contraceptives for vulnerable women, strengthened coordination between MoH, MoE and MoEm, increased awareness of population on disaster preparedness, strengthened implementation of disaster preparedness plans, sufficient knowledge and skills of national partners to develop good quality standards and compliance with clinical protocols.

Level 3 objectives include availability of education programs to develop evidence based policies, increased commitment of government to allocate budget, improved recognition, increased salary, redistribution of workload between healthcare providers, updated curricula and programs, availability gender research/gender sensitive policies on SRH, good government regulation of prices on medicines, increased management skills of MoEm and MoH, availability of training programs to develop quality standards.

- Increased demand for quality integrated gender sensitive SRH services by women and young people is a solution of the focal problem on SRH.
- Level 1 objectives include increased awareness about SRH issues, availability of sexuality education, increased involvement of men and boys, improved gender equality and decreased prevalence of GBV.
- Level 2 objectives include availability of information materials, strengthened support from communities, availability of sexuality standards, increased knowledge of men and boys about SRHR and gender equality, availability of informal education and dialog platforms for youth, economic independency of young families, decreased influence of conservative beliefs and stereotypes in society, including decision makers, increased role of mass media in awareness raising of SRHR, ability of parents to talk to children about SRH.
- Level 3 objectives include availability of budget, decreased resistance from conservative groups, decreased conservative beliefs and stereotypes in the society including decision-makers, availability of innovation approaches to youth education, availability of state programs for young families, increased capacity of mass media, increased interest of mass media, decreased internal and external migration, parents have knowledge and skills on SRHR.

Increased national capacity to design and implement youth policies and programs particularly on SRH is an immediate solution for the focal problem of young people.

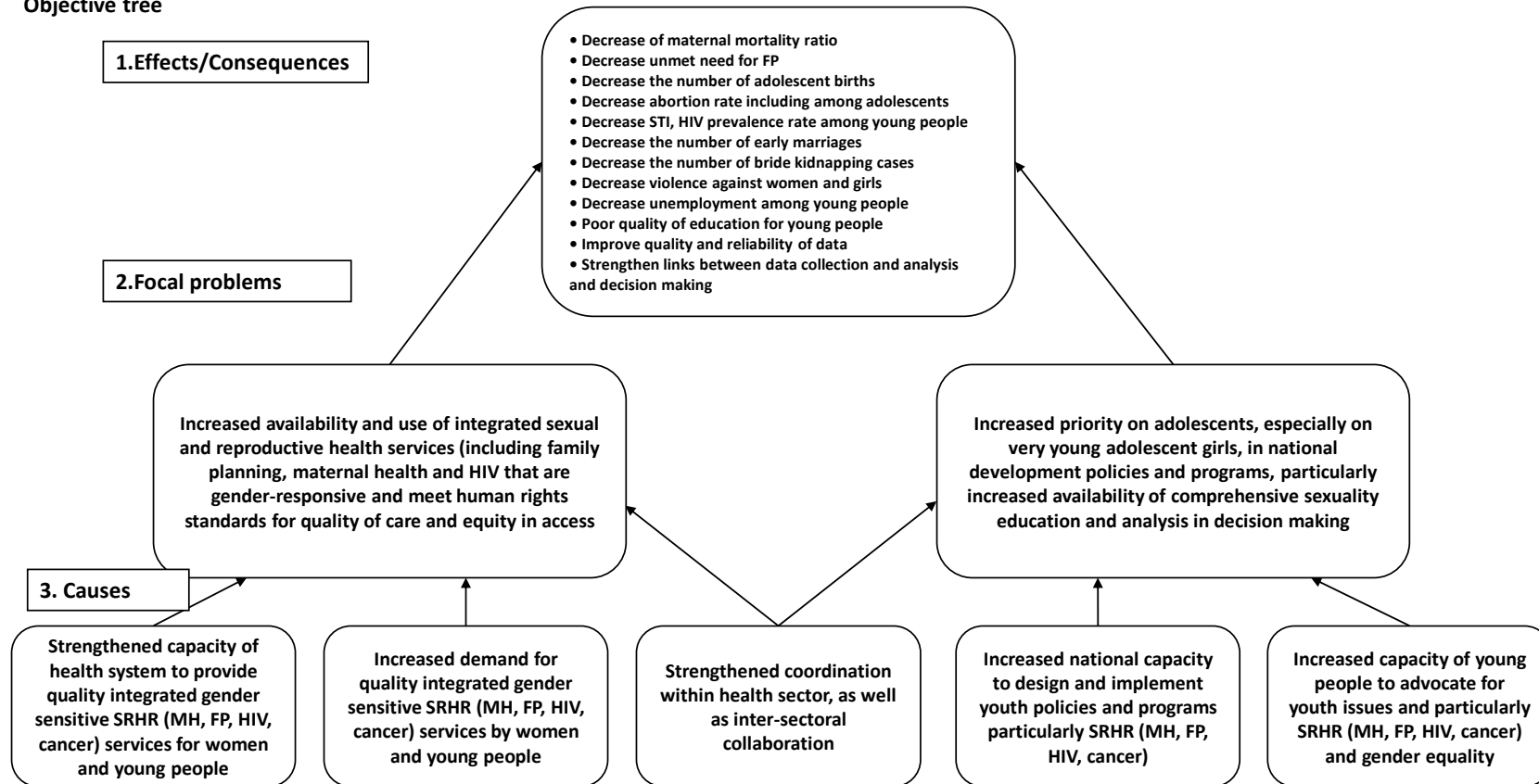
- Level 1 objectives include adequate analysis and use of data, availability of quality disaggregated data, improved implementation of youth policies and programs, strengthened mechanism for youth involvement, strengthened youth coordinating body.
- Level 2 objectives include improved knowledge and skills to analyze and use data, improved inter-sectoral cooperation, improved interest of state institutions, stable structure of government.

- Level 3 objectives include improved management skills, strengthened coordination mechanisms, improved potential of state institutions, increased budget, decreased competing priorities of political parties and political environment.

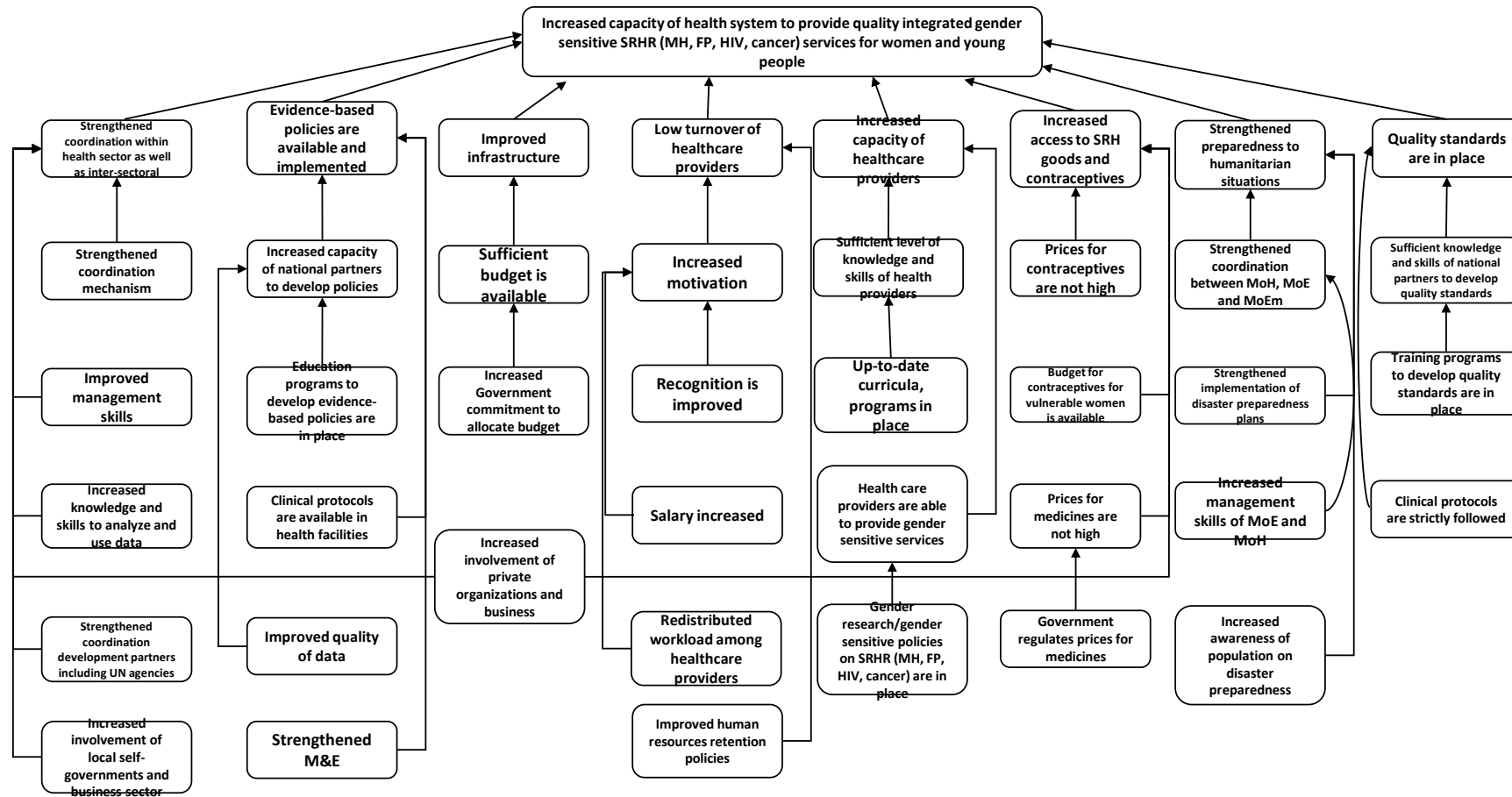
Increased capacity of young people to advocate for youth issues and particularly SRH and gender and young people is an immediate solution for the focal point of young people.

- Level 1 objectives include increased critical number of young leaders advocating for SRH, low unemployment among young people, decreased gender inequalities, inter-generational dialog has to be in place and there has to be increased opportunities for self-development and self-realization
- Level 2 objectives include
- Increased knowledge and skills on leadership of young people, availability of jobs in the regions, match between education and jobs, decreased prevalence of conservative beliefs and stereotypes in the society, decreased influence of cultural norms and traditions, decreased role of religion in families and societies, availability of systemic approach to support and create opportunities for young people.
- Level 3 objectives include availability of programs/curricula on leadership including life skills based education, strengthened state policy on preparation of human resources, availability of professional orientation for young people in schools, availability of assessment of job market, decreased patriarchal traditions in families, decreased role of religion in families and societies, increased quality of education.
- Level 3 objectives are followed by level 4 objectives.

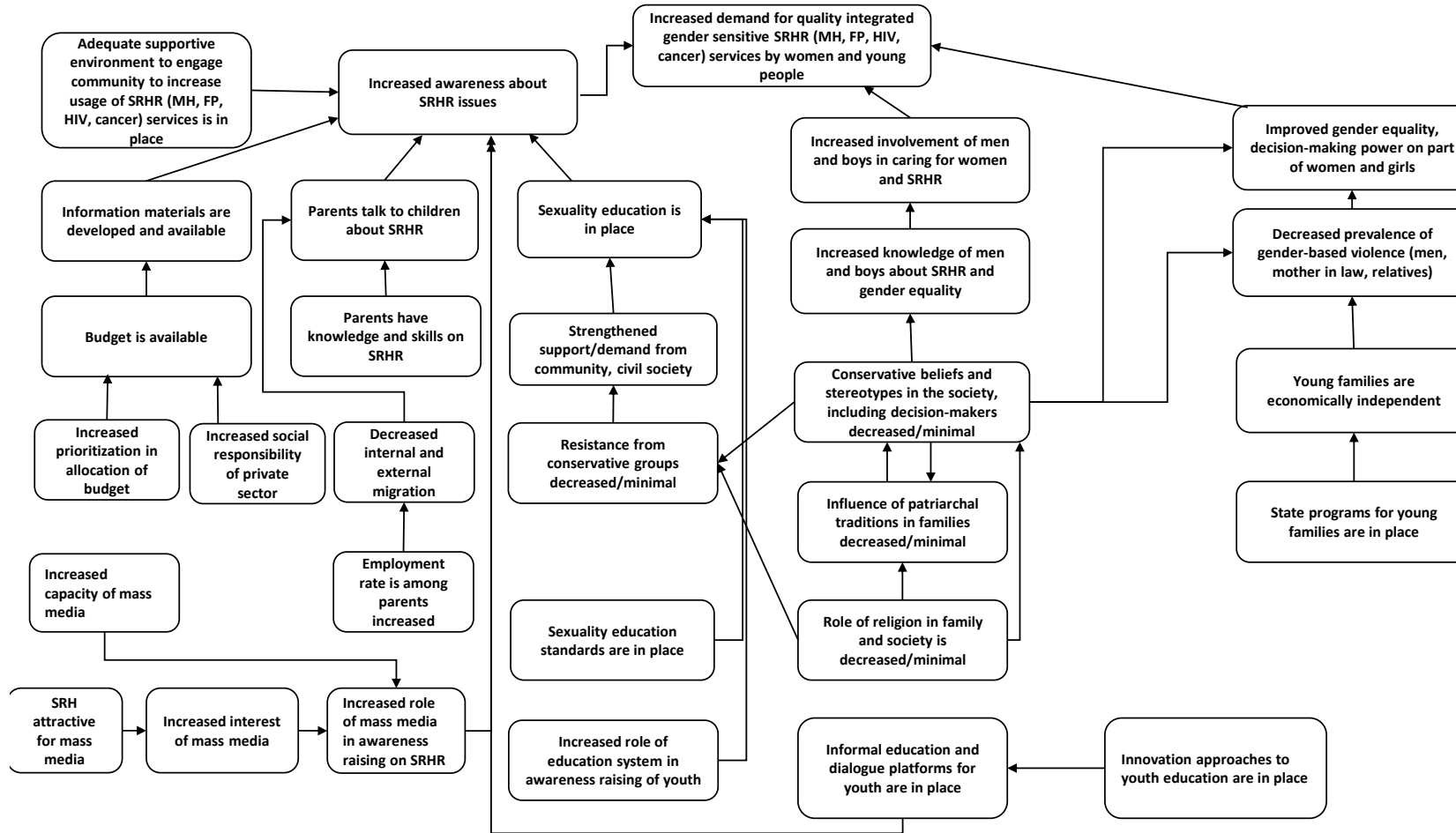
Objective tree



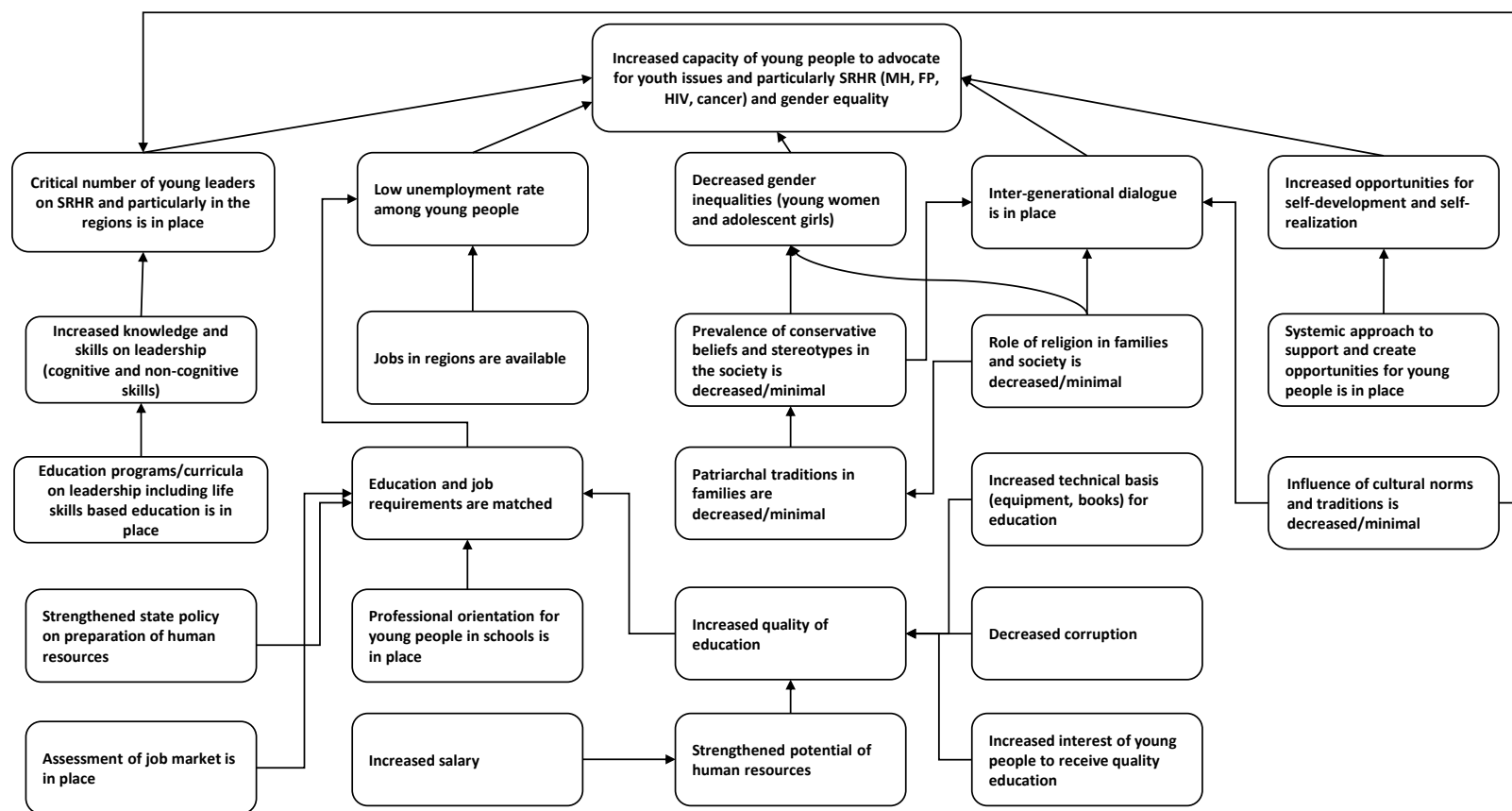
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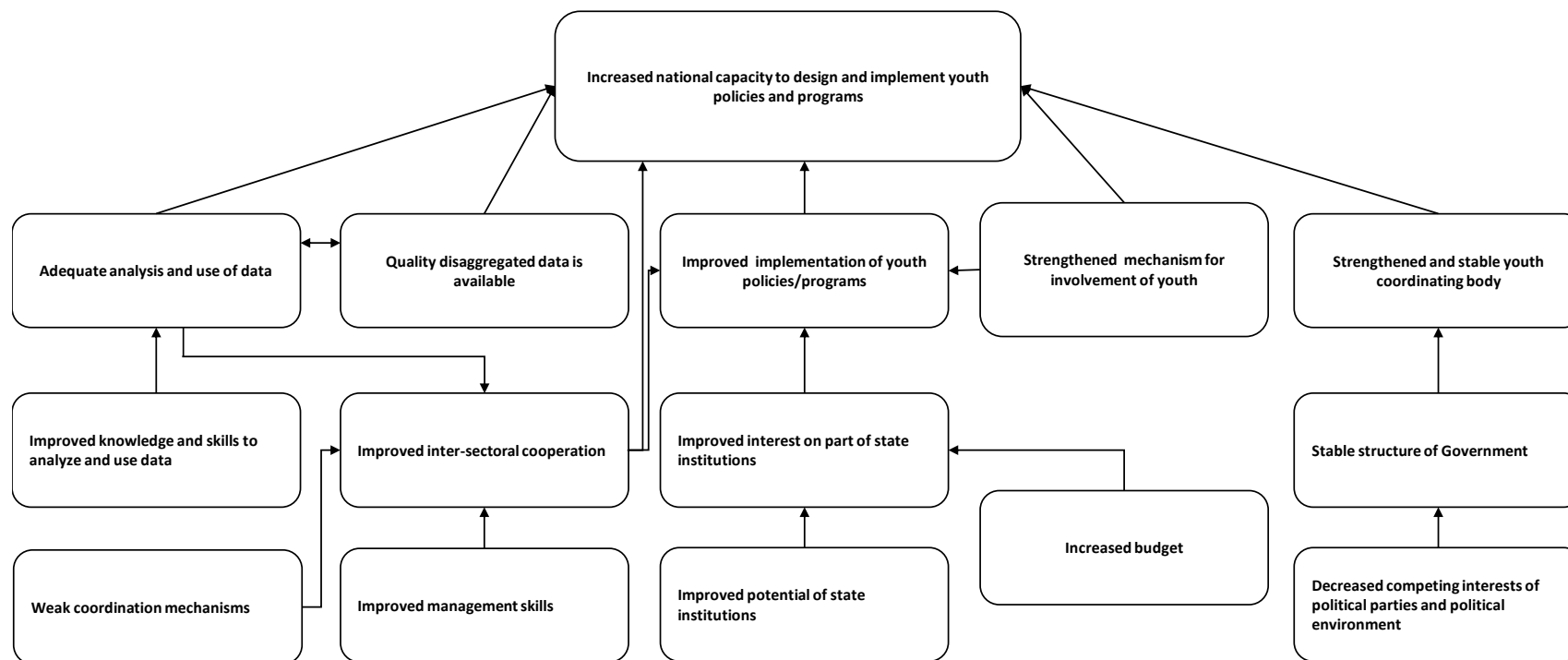
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4. Find Critical Assumptions

Critical assumptions have been selected among objectives of the objective tree as critical for implementation of new CPD and achieving outputs. Critical assumptions are the objectives that are beyond control of UNFPA. The critical assumptions include strengthened inter-sectoral coordination as well as within the health system, improved infrastructure, decreased turnover of health personnel, decreased influence of conservative beliefs and stereotypes in the society and gender inequality, strong youth coordinating body, adequate funds available for implementing programs and political environment in the country. Therefore, the critical assumptions and associated risks must be taken into account when implementing strategic interventions in the new CPD. UNFPA and partners will mitigate those risks by fostering political support, carrying out advocacy work, encouraging policy dialog, expanding partnership across various stakeholders.

5. Pass Action Model

The pass action model describes potential outputs for new CPD. The potential outputs address focal problems and are based on UNFPA's mandate and comparative advantage in the country. The potential outputs have been screened according to criteria.

	Criteria	Potential output 1	Potential output 2
		Strengthened institutions and systems to build capacity of health and education service providers in delivering high quality integrated gender sensitive SRHR services and information for women and young people including vulnerable and marginalized populations.	Improved evidence-based policy formulation, implementation and advocacy for SRHR, gender equality with focus on women and young people including vulnerable and marginalized populations
1	Reflect comparative advantage	Fully meet	Fully meet
2	Align to the strategic plan; especially the output areas	Fully meet	Fully meet
3	Capture target populations	Fully meet	Fully meet
4	In line with resource context	Fully meet	Fully meet
5	Match accountability ceiling	■	■
6	In line with timeframe of the country programme	Partially met	Partially met
7	Align with UNFPA country classification	Fully meet	Fully meet
8	Capacity and availability of implementing partners	Partially met	Partially met
9	Address evaluation and research findings	Fully meet	Fully meet
10	In line with country context and priorities	Fully meet	Fully meet
11	Internal and external assumptions and risks	Partially met	Partially met
12	Division of labor	Fully meet	Fully meet

13	Align with UNDAF or Delivering as One priorities	Fully meet	Fully meet
	Possibility of selecting as a country program output	High	High

6. Apply measures

Specific quantitative and qualitative indicators with baseline and targets have been developed to measure achievement of the potential outputs for new CPD. Please see attached Results and Resources Framework (RRF).

7. Challenges and limitations

This was the first experience of the country office to develop a theory of change for a new country program. Although country office staff is familiar with the development of theory of change for some projects no one had experience of developing theory of change for the country program. The methodology implies wide consultation and involvement of national partners. The theory of change is a new notion for the national partners. The country office staff spent a considerable amount of time to explaining the theory of change for the national partners.

Time for conducting the partners meeting coincided with development of UNDAF 2018-2022, end of the year activities which is a hectic period of time for all partners in terms of reporting and planning for the next year. It was difficult to gather all relevant partners and organize a full-fledged 2-3 day workshop due to the busy schedule of partners. It was not an easy task to organize and facilitate discussions in small groups due to time constraints.

8. Lessons learned

Two or three day workshop is needed to develop theory of change with national partners. A strong facilitator who has good experience in the development of theory of change would be of great assistance for the process. It was useful to do this exercise with colleagues in the office prior to the workshop. This helped us to familiarize ourselves with the methodology and act as co-facilitators to help national facilitators in the small group discussions. It was useful that each officer has been assigned to be co-facilitator and note taker in the small groups to record all inputs from the national partners. There is a need to ensure good and wide representation of national partners from various areas of UNFPA work in the country, young people as well as non-traditional partners.

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Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>EQ 1 (Relevance): To what extent is the UNFPA support (i) adapted to the needs of the population with an emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UNDAF, as well as SDGs?</p>			
<p>The needs of the population, in particular those of vulnerable groups, were taken into account during the programming process</p>	<ul style="list-style-type: none"> • Evidence for a need's assessment, identifying the varied needs of diverse stakeholder groups • The selection of target groups for UNFPA-supported interventions of the programme is consistent with identified needs (as detailed in the common country analysis) • Extent to which the interventions planned within the CPAWPs were targeted at the most vulnerable population groups in a prioritized manner 	<ul style="list-style-type: none"> • CPD • CPAPs • National policy/strategy documents • Needs assessments • Surveys (including MICS) and census data • Other relevant studies used to understand the HR and GE context, including those produced by the government, academia, UN, international human rights organizations, and community-based/ local organizations 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with / survey of implementing partners • Interviews/focus groups with final beneficiaries • Interviews with NGOs, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA • Online survey

DOCUMENT REVIEW

General: The 4th Country program 2018-2022 for Kyrgyzstan (DP/FRA/CPD/KGZ/4) was jointly developed by UNFPA and the Government in close consultations with national partners including civil society. Based on midterm discussion and review of the ongoing CP in 2019, the Results and Resources Framework (RRF) was updated with PD and Gender outcomes and respective outcome and output indicators and resources⁴²⁶. The programme is aligned with national priorities (the National Development Strategy 2040), Sustainable Development Goals (SDG), the 2030 Agenda for Sustainable Development. The United Nations strategic planning process and corporate UNFPA theory of change analysis, has been the basis for development of the country programme, which focuses its strategy on advocacy, knowledge management and capacity development. After updates in 2019 the 4th Kyrgyzstan Country Programme Document (CPD) for 2018-2022⁴²⁷ includes three programmatic areas: sexual reproductive health services, gender equality, and population along with revised outcomes and outputs respectively.

SRH: The basic principles of state policy in the area of health protection of citizens in the Kyrgyz Republic are: "observance of the rights of citizens to health care; social justice, equality, accessibility of medical and sanitary and preventive care; development of health care in accordance with the needs of the population, formation of a comprehensive integrated system of providing medical and sanitary care..."⁴²⁸, etc. The main regulatory documents defining the rights of citizens in the sphere of sexual and reproductive health and HIV are the "Law on Reproductive Rights of Citizens and Guarantees of their Implementation"⁴²⁹ and the "Law on HIV/AIDS in the Kyrgyz Republic"⁴³⁰.

The fourth UNFPA country programme focuses on advancing sexual and reproductive health, reproductive rights, including HIV prevention, particularly targeting women and young

people, especially vulnerable groups. Evidence of the country's needs, which confirm the relevance of the country program areas, is reflected in the following documents:

Country strategic documents:

- **The national development strategy of the Kyrgyz Republic for 2018-2040:** "An integrated and integrated, people-oriented approach to the provision of medical services will be formed. Health care will focus primarily on addressing mortality from cardiovascular and oncological diseases, as well as maternal and infant mortality. Maternal mortality will be reduced by 25%. New HIV infections will decrease significantly"⁴³¹;
- **The development program of the Kyrgyz Republic for the period 2018-2022. "Unity, trust, creation":** "Kyrgyzstan improves the quality, accessibility of medical services, with a focus on the main indicators of public health. Within the framework of the Strategy for the Protection and Promotion of Health of the Population of the Kyrgyz Republic until 2020 ("Health 2020"), actions are being implemented to ensure universal access to health services for the population, to meet the needs of socially vulnerable groups of the population (minors, older persons, persons with disabilities and others)"⁴³²;
- **Strategy for the protection and promotion of the health of the population of the Kyrgyz Republic until 2020 ("Health 2020"):** "Effective implementation of appropriate measures to reduce maternal and child mortality, HIV infection and tuberculosis, within the framework of the commitments undertaken by the Kyrgyz Republic to achieve the Millennium Development Goals in the field of health (MDG -4, MDG -5, MDG-6) is one of the priorities of public health policy"⁴³³, " Comprehensive measures are needed to improve the health status of the younger generation, as the basis for the formation of a healthy nation, the development of healthy lifestyle skills in children, adolescents and young people"⁴³⁴, " Addressing issues of adolescent sexual and reproductive health remains important. There is a problem of early motherhood, low awareness of adolescents about healthy sexual and reproductive behavior", "Participation in the implementation of prevention programs of youth leaders, the media, representatives of local communities, religious leaders, students of pedagogical universities, the introduction of equal education programs will contribute to ensuring access for young people to programs for the prevention of HIV infection and infections, sexually transmitted, building life skills in responsible behaviors to reduce vulnerability to HIV infection"⁴³⁵;
- **Programme of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021:** "84.3% of HIV cases were detected in persons aged 20-49 years." "Family planning in couples where one partner is not infected with HIV will be strengthened"⁴³⁶;
- **The National Program for Reforming the Health System of the Kyrgyz Republic "Den Sooluk" for 2012-2018:** "The starting point of the Den Sooluk Program is to stimulate all program activities and actions through specific and expected improvements in public health indicators. Four programme areas were selected: cardiovascular diseases, maternal and child health, tuberculosis and HIV infection", "Key actions at the population level should be aimed at improving women's awareness of safe motherhood and family planning. Also important is the strengthening of intersectoral interaction in promoting safe motherhood and family planning"⁴³⁷;
- **The Government of the Kyrgyz Republic program for the protection of public health and the development of the health system for 2019-2030:** "A healthy person is a prosperous country": "This Programme is the basis for the subsequent development and revision of other health priorities (tuberculosis, HIV, reproductive health, mental health, perinatal care)," "Improve the quality and coverage of PHC services with a focus on improving health indicators and principles of equitable, equal access for the entire population"⁴³⁸;
- **Large-scale surveys conducted in the country** (NSC, USAID, UNFPA, UNICEF): More than a quarter of births (26%) take place less than 24 months after the previous birth (DHS 2012); birth rate among adolescents 15-19 years old remains high, at 50 per 1000 women of appropriate age according to MICS 2018 (65 - MICS 2014); unmet need for contraception in 2018 remains at 2014 levels, at 19% of those in need, (DHS 2012 - 18%), the proportion of women with family planning needs satisfied by any method decreased slightly to 67.5% (MICS 2014 - 68.7%); 42.7% of women aged 15-49 have abortions due to health reasons (DHS 2012)⁴³⁹.

During the execution of the CP, several reviews and studies were also conducted confirming the relevance of the program:

- **UN Common Country Analysis for the Kyrgyz Republic** (2019): "Recognition of the importance of access to and involvement in society through equal access to health care, education, decent work, culture, science and civic integration", " Family planning is an important element in reducing maternal mortality and achieving gender equality and the empowerment of women", "In order to improve adolescent sexual and reproductive health and social and economic well-being, priority must be given to reducing

teenage pregnancies through comprehensive sexuality education and support to health services. friendly to young people and to address the many factors underlying this phenomenon⁴⁴⁰;

- **National voluntary review of the achievement of the Sustainable Development Goals in the Kyrgyz Republic** (Government, Ministry of Economy, GIZ, 2020): "(Target 3.1) Maternal mortality remains one of the key development challenges, despite the positive dynamics that have been achieved in recent years," "Addressing issues of sexual and reproductive health of the population, including adolescents, remains an important task. This is due to the problem of early motherhood, the low awareness of adolescents about healthy sexual and reproductive behavior", "(Target 3.3) Despite the fact that the country manages to keep the spread of HIV infection at a fairly low level, there are a number of problems that can negatively affect the situation ", "(Target 3.7) Insufficient attention is paid to the reproductive health of men, oncological diseases of the reproductive sphere, education in this area among the population"⁴⁴¹;
- **HIV Country Report** (2019): "SRH and HIV education is provided to communities of key populations, aimed at raising awareness and acquiring skills to protect against STIs and diseases, Reproductive Health"⁴⁴², " Provide youth 90% with knowledge, skills and skills to protect against HIV and access to sexual and reproductive health services by 2020, to reduce the number of new HIV infections among adolescent girls and young women to less than 100,000 per year "⁴⁴³ and other documents.
- The SRH direction of the country programme is aligned with **UNDAF priorities 2**: Good governance, rule of law, human rights and gender equality "Women... become vulnerable due to deep-rooted gender stereotypes. Domestic violence, violence against women and girls, child marriage, teenage pregnancy, the availability and quality of family planning services, and the economic and social status of rural women, especially young women, all require sustained attention and sustained action by the Government"⁴⁴⁴ and **priority 4**: Social protection, health, education "Maternal mortality, infant mortality and family planning remain pressing issues and women's reproductive rights are threatened, especially among rural populations and young women", "HIV infection is still on the rise in the country, affecting more women and young people"⁴⁴⁵.
- The SRH direction of the CP is agreed with SDGs 1.3.1, 3.1, 3.3.1, 3.7, 3.8.1, 4.5, 5.6, 10, 17.16⁴⁴⁶.

In developing the 2018-2022 Country Programme, the Theory of Change, developed collectively, was used in collaboration with national stakeholders. A tree of problems and challenges has been developed, which has made clear the focus of the new country programme document⁴⁴⁷, including the target groups for the maternal health component: women, youth, people living with HIV. Given that UNFPA has been involved in COVID-19 pandemic care, the relevance of interventions to target groups is supported by the following studies:

- **Report on the study "Impact of COVID-19 on women and men in the Kyrgyz Republic"** (UNFPA, UN-Women, Government of Switzerland, EU-UN Joint Initiative "Beam of Light," 2020): "More women, especially from vulnerable groups, have experienced difficulties in introducing restrictive measures to combat COVID-19. A large number of respondents replied that they did not need sexual and reproductive health services (48.2%) and contraceptives (62.3%). At the same time, this indicator is very high in women of reproductive age. This is a direct indication that women lack the necessary knowledge about family planning"⁴⁴⁸;
- **Report on the impact of COVID-19 on young people in Kyrgyzstan** (UNFPA, UNICEF, 2020): "The pandemic has exacerbated existing inequalities and exposed vulnerabilities in social security systems and economic activities, especially affecting girls, girls and people with disabilities and other vulnerable groups"⁴⁴⁹;
- **COVID-19 In the Kyrgyz Republic: Assessment of the impact on the socio-economic situation and vulnerability and policy responses** (ADB, UNDP, 2020): "In the second direction, health systems must meet the accumulated demand for other services (including those related to reproductive health) that have been sidelined due to emergency care for patients with COVID19 during the outbreak"⁴⁵⁰;

Interventions planned in CPAWPs for the SRH component, including HIV, were consistent with CP 1 and targeted the most vulnerable populations: women of reproductive age, young adults, including vulnerable and marginalized populations⁴⁵¹.

Gender: The Kyrgyz Republic has ratified the main international conventions on women's rights, gender equality, and is a leader in the CIS region in developing a national legal framework on women's rights in accordance with international standards. The National Parliament adopted two laws on gender: the Law on state guarantees of equal rights and

equal opportunities for men and women (2003, new redaction 2008) and the Law on Domestic Violence Protection (2003, new redaction 2017). National action plans on gender equality have been implemented since 1997. Recognition of equal rights and opportunities for men and women is reflected in the Constitution (2007, 2010, 2021). Gender quotas are also included into number of laws, regulating elections and public institutions (such as the Chamber of Accounts, the Supreme Court, National Bank, and the Central Election Commission). But de facto patriarchalization and radicalization of society have led to a backlash from advances in gender equality, women empowerment and GBV, which required the development of new approaches and interventions to preserve space for the realization of the rights of women and girls.

Patriarchal views persist, gender inequality pervade all aspects of social and economic life, and violence towards women continues to be widespread. The KR has a gender inequality index score of 0.353 in 2015, which places it in the middle of the pack.

The planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan. The achievement of sexual and reproductive health and reproductive rights needs gender equality and the empowerment of all women and girls. Gender equality and women's and girls' empowerment, including their reproductive rights, are fundamental to the 2030 Agenda. Policy and institutional mechanisms for the improved access of people to integrated high-quality reproductive and sexual health care services with a focus on more vulnerable and target groups have been strengthened. Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic 2020⁴⁵². For the past years, national data systems and improved access and availability of evidence-based analysis of population flows and linkage to sustainable development for policy-making based on protection of human rights have strengthened. For this, it is recommended to support gender-sensitive processes in public service delivery, incorporate women in emerging technologies and financial operations; promote inclusivity through items like gender-sensitive policies in public administration. UNFPA is concentrated on providing assistance to the government in implementing gender tasks of the National Program on Sustainable Development, implementing and tracking the National Gender Strategy for 2012-2020 and its National Action Plan for 2018-2020 (Gender NAP), the National Action Plan on UNSC Resolution 1325, and assisting UN Women in CEDAW reporting. In contrast to Tajikistan and Uzbekistan, Kyrgyzstan ranks lower on the Gender Development Index (GDI) with a score of 0.957. This index compares gender disparities in HDI indicators for three basic dimensions of human development: health (measured by female and male life expectancy at birth), education (measured by female and male predicted years of schooling for children and mean years in school) and employment (measured by female and male mean years in school).

The UNFPA CP Gender and Gender Based Violence Program is responsive to meet the needs of final beneficiaries and partners in Kyrgyzstan. The UNFPA made a great contribution to improve the National data collection systems and conducting surveys. A big impact was made through UNFPA prompt response to changes in national developments, such as an urgent crisis related to bride-kidnapping and eliminating gender-based violence against women and girls. The UNFPA provided a great support to conduct various gender rapid assessment and survey to study COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. The study was conducted as part of the Women Count program for gender statistics improvement. Several recommendations were provided by the Regional Office of the United National Population Fund to recommend the Government of the Kyrgyz Republic, civil society groups and international development partners in their efforts to mainstream gender in COVID-19 response measures and reduce negative impacts of the pandemic on women and girls⁴⁵³. Assessments include:

- ADB 2019 Kyrgyz Republic Country Gender Assessment⁴⁵⁴
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic⁴⁵⁵
- **International Alert, 2020, Rapid assessment on addressing the needs of women and girls from religious communities**⁴⁵⁶
- **Kyrgyzstan: gender assessment, 2018**⁴⁵⁷
- Beijing Declaration and Platform for Action, 2020⁴⁵⁸
- Gender in the perception of society: knowledge, attitude, practice⁴⁵⁹
- Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic 2020⁴⁶⁰

Youth: Updated CP uses youth areas as cross-cutting and the Results and Resources Framework (RRF) specified several output indicators (1-3) concerning young people, including

vulnerable and marginalized groups.

P&D: Updated CP specified P&D areas as separate outcome as CO is heavily involved into preparation of 2020/21 census. RRF indicated output 4 to measure national capacity to generate, disseminate and effectively use quality-disaggregated data for evidence based policy formulation, decision-making and monitoring of SDGs.

KIS CONTRIBUTIONS:

- UNFPA target groups for SRH include: women of reproductive health (15-49 year old), medical service providers, decision-makers (Parliament), faith communities, and youth. There are 1,800,000 women of reproductive age in KR; More than 40% death of women is connected to unplanned pregnancy and chronic diseases. Chronic diseases are on the first place for death. There are several groups receiving free contraceptives: 1) medical-social (heart disease and diabetes plus low income group including unemployed, with I-II disability status, and with 4 and more children); 2) vulnerable partners; and 3) insured citizens. Needs assessment is based on first and secondary statistics, MICS and other surveys, global data from UN national economy. Multidisciplinary expert group defined strategic directions and tactics⁴⁶¹;
- Needs for PBF projects are described in the proposals⁴⁶²;
- Key groups of populations are defined in the CP; disable are not part of key population and UNFPA does not include them into HIV related activity⁴⁶³ (confirmed for SRH area as well)⁴⁶⁴;
- Conducting consultations with government, civil society, academia to identify target groups in addition to key populations⁴⁶⁵;
- Questions on persons with disabilities were included for the census. When working with youth - youth promote SDGs - 1 participant was a PLE (equal participation)⁴⁶⁶;
- Activities are tailored to the needs of the country (taking into account the Program of the Government of the Kyrgyz Republic to overcome HIV infection, the growth of sexual transmission)⁴⁶⁷;
- Activities always developed in response to NGO proposals/needs of key groups⁴⁶⁸;
- Given the epidemiological situation in the country, the growth of sexual transmission of HIV, health workers should know all prevention measures, including the specifics of working with key populations, PLHIV. It was important to establish interaction/understanding between NGOs and medical organizations⁴⁶⁹;
- An important area of work with young people is their rights-based approach. SRH issue is relevant for PWID, especially for those released from prison (8 out of 10 have STIs or other SRH-related problems)⁴⁷⁰;
- Young people (18-24 years old) from key populations (SW, MSM, PWID) are most vulnerable to HIV infection and STIs⁴⁷¹;
- Progress in maternal mortality rates, increased knowledge among women about family planning, increased birth spacing, allocation of state budget funds to purchase contraceptives for vulnerable women in the medico-social risk group are the result of activities supported by UNFPA⁴⁷²;
- Given people's standard of living (lack of finances, unemployment, etc.) a lot of women need support and family planning services. After the reduction of family planning offices at the district level, services for women were provided by family doctors (former therapists and pediatricians), who had no idea about family planning, contraception and therefore need to be trained⁴⁷³;
- With the rise of patriarchal, traditional values in the country, issues of family planning and gender at the national level are pushed into a distant corner⁴⁷⁴;
- A clear mechanism for working on family planning issues in the health system has not yet been established, and to date, the Ministry of Health has difficulty addressing these issues on its own (the development clinical protocols, curricula/training, etc.); The development of a list of medical and social groups, women from which may be entitled to free access to contraceptives, the creation of an electronic register of women of medical and social risk groups is important to obtain reliable data and determine the need for contraceptives. Staff turnover in the field requires constant training on family planning, accounting and reporting⁴⁷⁵;
- Clinical protocols improve the quality of care for women and increase the level of intensive care, ultimately reducing maternal mortality⁴⁷⁶;
- Maternal mortality is still high in the country, contraceptive coverage leaves much to be desired, and violence continues to increase⁴⁷⁷;

- The country has rather big problems with the organization of supply chains - this is the main criterion for ensuring the quality of medicines. UNFPA was one of the first to raise this issue⁴⁷⁸;
- The country has virtually no management of the supply of drugs, no good interaction with private structures, no knowledge of the situation and the need for drugs in the regions and hospitals. And all the systemic problems in supply chains are also reflected in the supply of contraceptives⁴⁷⁹;
- The development of clinical guidelines and protocols is extremely important for the medical environment - it is the standardization of medical services that can be relied upon⁴⁸⁰;
- The country still has not resolved issues with the provision of contraceptives to vulnerable groups, there is a need to promote education about reproductive health, to work to improve the choice and availability of contraceptives in the country, quite high statistics of abortions and early marriage⁴⁸¹;
- There is a high turnover of personnel in health care organizations, family planning offices at the district level have been eliminated and their functions have been transferred to family doctors, so there is a need for training. It is important to have correct data on women at risk, which will allow for proper planning of contraceptive purchases at the expense of the state budget. Timely work on family planning with women in the risk group will also reduce the risks of complications during pregnancy and childbirth, as well as maternal and perinatal mortality⁴⁸²;
- Improving the theoretical base for practitioners (development of clinical guidelines and protocols) in obstetrics-gynecology/reproductology increases their knowledge and improves their practice⁴⁸³;
- The level of maternal mortality remains high, the proportion of women with an interval between births of less than 3 years is high, and it is necessary to reduce perinatal mortality. There is a need for awareness-raising work with the population, training on reproductive health, behavior in family planning. It is necessary to introduce the best international practices to improve diagnosis and treatment⁴⁸⁴;
- There is a high rate of maternal mortality, abortions, abandoned children, there are other pressing issues in this area. There is a need to inform the representatives of Parliament to form a greater understanding of these issues⁴⁸⁵;
- The interventions are tailored to the needs of the country (commissioned by the Ministry of Health), based on the recommendations of the second report of the Confidential Inquiry into Maternal Deaths⁴⁸⁶;
- UNFPA contributed to the integration of population dynamics, reproductive health and gender equality into development planning at national, sectorial and local levels⁴⁸⁷
- The UNFPA has provided a great support to the government of the Kyrgyz Republic, providing better opportunities for capacity development for staff, normative acts improvement and project implementation. It is important to note high professionalism and responsive cooperation that UNFPA provides to its partner-ministries. The ministries and governmental agencies share the opinion that the UNFPA is one of the most responsive partner that always shows its readiness to cooperate effectively in order to achieve the mutual goals and bring positive changes to the Kyrgyz Republic.⁴⁸⁸
- The experts that had worked with the UNFPA have an opinion that the agency has a Concrete Plan for Achievement and clear focus on cooperation with government agencies, as well as willingness to collaborate and consult.⁴⁸⁹
- For the period of its work in the Kyrgyz Republic, the UNFPA provides high assistance, taking into consideration all the needs, requests and opinion of experts that work in the partner-agencies. Such practice helped the UNFPA to build a better communication in between all ministries and governmental entities covering religious community groups in the Kyrgyz Republic. The effective work of the UNFPA builds a bridge for strong collaboration that will exist in a long term.⁴⁹⁰
- Provides relevant consultations and training on the topic of violence prevention against women⁴⁹¹, as well as creation of call centers for victims.⁴⁹²
- The UNFPA CP Gender and Gender Based Violence Program is responsive to meet the needs of final beneficiaries and partners in Kyrgyzstan. The UNFPA made a great contribution to improve the National data collection systems and conducting surveys⁴⁹³.
- After the ratification of the Convention on the rights of persons with disabilities, we started working with partners to standardize services for persons with disabilities, and this is in the mandate, but it's too early to talk about the results⁴⁹⁴.

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- We ourselves form the relevance of UNFPA activities as key groups⁴⁹⁵
- UNFPA involves all key groups in all processes, ensuring inclusiveness, which requires scaling up programs. At the same time, implementation, activities, for example, trainings, require taking into account the specifics of key groups. For example, sex workers will not be able to participate in a 3-day training, they have no skills to use gadgets, go out into the zoom. Even at the training, drug users will not sit with LGBT people⁴⁹⁶;
- UNFPA has provided a great support in the development Protocols. In fact, for a Protocol to work effectively and increase help-service provision to victims of violence, the document must be explained and taught to targets⁴⁹⁷.
- The service provider often ignores or does not know how to protect his patient and how to solve the problem. While implementing the Protocols, it is necessary to work not only with victim of violence's, but also with service providers, training and giving them instructions on how to protect the patient, how to talk to law enforcement agencies, how to deal with victims of violence, and etc⁴⁹⁸.

ONLINE SURVEY

Please tell to what extent you agree or disagree with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

1. Have you been consulted while UNFPA was planning its activities for the current country program? N=36	4.41
2. UNFPA conducted needs assessments, studies, and evaluations to identify needs and lessons learned prior to programming and during the CP, N=35	4.24
3. The needs of the population, in particular those of vulnerable groups), were taken into account during the programming process. N=36	4.46
4. Cross cutting areas such as partnership and communication are reflected in the CP and programmatic area(s) of interventions, N=35	4.38
5. Target groups for UNFPA supported interventions are consistent with identified and evolving needs and national priorities, N=36	4.43
6. The interventions supported by UNFPA were/are appropriate to support positive changes in lives of most vulnerable and marginalized and excluded population groups (women, youth, disable, sexual diversities, etc.) N=35	4.64
9. To what extent have UNFPA programmes ensured addressing the changing needs of beneficiaries as part of the COVID-19 response and recovery efforts? N=34	4.14

<p>The objectives and strategies of the UNFPA support are consistent with the priorities in relevant national strategies and policies, in the UNFPA strategic plan, aligned with the QCPR and the UN Partnership Framework</p>	<ul style="list-style-type: none"> • The objectives and strategies of the CPD and the CPAWPs in the components of the programme are in line with the goals and priorities set out in the UNDAF • CPD goals are reflected in the P&D component of the programme • The CPD (across all components) aims at the development of national capacity • Extent to which a human rights-based approach (with the integration of gender equality) has been used to develop the country programme, including a specific focus on the needs of vulnerable populations • Extent to which specific attention has been paid to adolescents and youth, heterogeneously understood, in the all components of the programme • Extent to which objectives and strategies of each component of 	<ul style="list-style-type: none"> • CPD • UNDAF • CPAWPs • National policies and strategies • UNFPA strategic plan • Country office staff • UNCT • Implementing partners • Other actors advancing SRHR/working on UNFPA mandate areas (not formally partnering with UNFPA) 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with other United Nations agencies • Interview with government officials • Interviews with / survey of implementing partners • Interviews with other development actors (i.e., NGOs/groups working in the areas in which • UNFPA works, but that do not partner with UNFPA) • Online survey
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	<p>the programme are consistent with relevant national and sectorial policies</p> <ul style="list-style-type: none"> • Extent to which the objectives and strategies of the CPD have been discussed and agreed upon with the national partners • Evidence that the strategic plans of funds and programmes are consistent with and guided by QCPR • Extent to which the CP consistent with three transformative and people-centered results 		
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DOCUMENT REVIEW

The programme is aligned with national priorities (the National Development Strategy 2040), Sustainable Development Goals (SDG), the 2030 Agenda for Sustainable Development. The United Nations strategic planning process and corporate UNFPA theory of change analysis, has been the basis for development of the country programme, which focuses its strategy on advocacy, knowledge management and capacity development. After updates in 2029 the 4th Kyrgyzstan Country Programme Document (CPD) for 2018-2022⁴⁹⁹ includes three programmatic areas: sexual reproductive health services, gender equality, and population along with revised outcomes and outputs respectively. The composition of 2018-2022 Country Programme is based on the Government of Kyrgyzstan the National Development Strategy 2040, contributes to Kyrgyzstan’s achievement of SDG 3 on good health and well-being, SDG 4 on quality of education, SDG 5 on gender equality and SDG 10 on reducing inequalities, SDG 16 on peace, justice and strong institutions, and advance the 2030 Agenda for Sustainable Development. The country programme contributes to outcomes 2 and 4 of the United Nations Development Assistance Framework 2018-2022. UNFPA will focus its strategy on advocacy, knowledge management and capacity development in its assistance to the Government. Implementation of the 4th UNFPA CP contributes to the achievement of three out of four outcomes⁵⁰⁰ of the Government of Kyrgyz Republic – UNDAF 2018-2022 for the following priorities: I. Sustainable and inclusive economic growth, industrial, rural and agricultural development, food security and nutrition; II. Good Governance, rule of law, human rights and gender equality; III. Environment, climate change, and disaster risk management; and IV. Social Protection, Health and Education.

The objectives and strategies of the SRH component of the country programme are aligned with the **priorities of UNDAF 4**. UNDAF Outcome 4: by 2022, social protection, health and education systems are more effective and inclusive, and provide quality services. Under the framework of the Kyrgyz Republic Government Programme priorities and the UN Secretary General’s Strategy for Maternal, Newborn, Child and Adolescent Health (2015-2030), strengthen quality and increase availability of integrated package of gender responsive health services: family planning, maternal health, newborns, children and adolescents, victims of human trafficking⁵⁰¹. The SRH component of the CP **aims at the development of national capacity** by providing technical assistance to the Ministry of Health in the development and/or adaptation of human rights-based clinical guidelines, protocols and standards for the provision of high-quality integrated sexual and reproductive health services. The quality of health services will also be improved by sharing internationally accepted guidelines and protocols and by providing expert reviews. The capacity of service providers will be strengthened through institutionalization of new sexual and reproductive health and reproductive rights training curricula for health care workers that also address the needs of vulnerable and marginalized populations. The institutional capacity of government and civil society organizations will be strengthened by integrating of sexual and reproductive health and HIV services, enabling them to provide integrated services to key populations by applying the latest global recommendations on working with key populations⁵⁰².

The SRH component of the CP **takes a rights-based approach, focusing on the needs of vulnerable groups**: support implementation of the proposed health care reforms by providing evidence-based policy advice and informing health care reforms and policies to reach the vulnerable and marginalized populations; work with the Mandatory Health Insurance Fund to improve access to modern contraceptives available to insured women; advocate for parliamentary allocation of a budget for contraceptives that covers the needs of vulnerable women; use a Total Market Approach to increase access to contraceptives for women and young people; in collaboration with the State Agency for Youth, Sport and Culture will strengthen national mechanisms to promote the participation of young people in policy and decision-making related to sexual and reproductive health, including HIV; use communication platforms and innovative approaches to strengthen the leadership skills of adolescents and youth, especially those marginalized; support the Ministry of Labour

and Social Development in their mainstreaming of gender equality and reproductive rights into legal and policy frameworks⁵⁰³.

Adolescents and young people are one of the most vulnerable groups with particular attention in the SRH component of CP: «National partners and UNFPA have prioritized sexual and reproductive health and reproductive rights, with a focus on young people, which are essential for them to stay healthy, empowered and participate fully in the social, political and economic life of Kyrgyzstan». «Based on the “leaving no one behind” principle, the programme will provide targeted support to the most vulnerable and marginalized to promote social inclusion and equity. These include: women and girls (who are at risk of child marriage and violence), those from rural areas and migrants, young people who are unemployed or not in formal education, disabled women, and people living with HIV»⁵⁰⁴. All activities of the SRH component include activities aimed at youth.

According to the Theory of Change, in the objective tree, developed on the basis of problems identified with the participation of national experts, «strengthened capacity of health system to provide quality integrated gender sensitive SRH services for women and young people is a solution or **immediate objective for the focal problem on SRH**»⁵⁰⁵.

Objectives and strategies of the SRH component of the country programme **are aligned with national and sectoral policies**: The goal of the **Strategy for the protection and promotion of public health in the Kyrgyz Republic until 2020** ("Health 2020") "is to create the social, economic and managerial conditions necessary for the effective prevention of various diseases, to improve the quality and accessibility of health services in health organizations and the sustainability of the health system, driven by the interests of the people and each person, based on an intersectoral approach and respect for the principle of solidarity⁵⁰⁶"; "implement measures to improve the quality of health care in the area of maternal and child health care⁵⁰⁷". Among the main expected results of **the Program of the Government of the Kyrgyz Republic for the protection of public health and the development of the health system for 2019-2030** "Healthy person - A prosperous country, "such as reducing maternal, infant and child mortality, ensuring the provision of comprehensive and integrated health services throughout a person's life, ensuring access to quality, effective and safe life-saving medicines at affordable prices⁵⁰⁸.

The 4th Country program 2018-2022 for Kyrgyzstan (including SRH component) **was jointly developed by UNFPA and the Government in close consultations with national partners** including civil society partners and approved by the Executive Board of UNDP, UNFPA, and UNOPS⁵⁰⁹. In developing the 2018-2022 Country Programme, the Theory of Change, developed collectively, was used in collaboration with national stakeholders. A tree of problems and challenges has been developed, which has made clear the focus of the new country programme document⁵¹⁰, including the SRH component. The country office sought to ensure adequate and broad representation of national partners from different areas of UNFPA activities in the country, youth, and non-traditional partners.⁵¹¹ " Где отмечено голубым- убрала часть текста.

The SRH component of the CP is aligned with Outcome 1 of the **UNFPA Strategic Plan**: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence⁵¹². Planned activities under Outcome 1 (SRH), Output 1, Output 2 of the country programme to strengthen the actions of government and civil society, build the capacity of service providers by institutionalizing new training programmes that address the needs of vulnerable and marginalized groups; Strengthening the integration of sexual and reproductive health and HIV services; strengthening national preparedness and response mechanisms for sexual and reproductive health services in emergencies and others⁵¹³ will ultimately contribute to Outcome 1 of the UNFPA Strategic Plan.

SRH component of the CP is aligned **with three global transformation approaches and human-centric results** (ending preventable maternal mortality, ending unmet needs for family planning, ending gender-based violence and all harmful practices, including early and forced marriage) by planning Output 1-oriented activities (Strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations) и Output 2 (Improved evidence-based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations⁵¹⁴).

The objectives and strategies of the UNFPA support are consistent with the priorities in relevant national strategies and policies, in the UNFPA strategic plan, aligned with the QCPR and the UN Partnership Framework – UNDAF. UNFPA is committed to the UNDAF's Human Rights-Based Approach to Development (HRBA), which seeks to achieve better, more sustainable development results by analyzing and addressing inequalities and discriminatory practices. At the country level, HRBA is based on the commitment of the state, based on the human rights conventions it has ratified.

UNFPA's planning was based on the UN system agencies working with the Government to strengthen gender-sensitive analysis, results, indicators and monitoring tools in the national plan, strategies and policies. UNDAF takes a two-pronged approach. This ensures that all Outcomes are measured using indicators that take into account gender inequality

and gender discrimination. And also that selected outputs focus on new capacities and services that will enhance women's rights, empowerment and gender mainstreaming. UNFPA country strategy adequately reflected UNDAF's identified strategies, vulnerable groups and partners (priority 2). In particular,

- strengthening the capacity of central and local government to implement and monitor existing policies and strategies in a gender-sensitive way (5.2, 5.5, 5.c.)
- support institutions to provide effective and non-discriminatory delivery of basic services, to ensure accountability for the services provided, and to expand public services to remote areas and the most vulnerable populations (5.5, 5.c.).

For the past years, national data systems and improved access and availability of evidence-based analysis of population flows and linkage to sustainable development for policy-making based on protection of human rights have strengthened. For this, it is recommended to support gender-sensitive processes in public service delivery, incorporate women in emerging technologies and financial operations; promote inclusivity through items like gender-sensitive policies in public administration. (Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic 2020⁵¹⁵).

<p>The planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan</p>	<ul style="list-style-type: none"> • Evidence that interventions in CPAWPs adequately reflect the goals stated in the UNFPA Strategic Plan • Extent to which the reallocation of funds towards new activities is justified 	<ul style="list-style-type: none"> • CPD • CPAWPs • UNFPA strategic plan • Country office staff • Implementing partners • Final beneficiaries 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with implementing partners • Interviews/focus group discussions with final beneficiaries • Online survey
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DOCUMENT REVIEW

Documents reviewed include:

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- UNFPA Annual workplans and reports for 2018-2020
- National Voluntary Report, SDGs
- UNDP Human Development Reports for Kyrgyzstan

The goal of the strategic plan, 2018-2021, is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”. **The SRH component activities** planned for 2018-2020 under the UNFPA country programme 2018-2022 are in line with the objectives of the UNFPA strategic plan and ultimately **contribute to the achievement of the global goal**: strengthened institutional capacity of health and education service providers in delivering high-quality integrated gender-responsive sexual and reproductive health services and information for women and young people, including vulnerable and marginalized populations (Outcome 1 Output 2); improved evidence based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations (Outcome 1 Output 1) and strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender based violence in the development and humanitarian context (Outcome 3 Output 11)⁵¹⁶.

The reallocation of funds towards new activities: 2020 adjusted UNFPA country office activities in response to the COVID 19 pandemic. The Ministry of Health experienced needs for personal protective equipment, the latest up-to-date information on pandemic services and other assistance. «Country office will support the Ministry of Health and national partners in response to COVID19 pandemic and ensure SRH information and services are available, basic hygiene needs/ PPEs are in place and healthcare facilities continue to provide high quality services for women and girls»⁵¹⁷.

Gender/ Youth: The planned interventions on gender and youth as cross-cutting issue adequately reflect the goals stated in the UNFPA Strategic Plan UNFPA Strategic Plan 2018-2021. As of Outcome 3, in development and humanitarian environments, gender equality, the empowerment of all women and children, and reproductive rights are advanced. The achievement of sexual and reproductive health and reproductive rights needs gender equality and the empowerment of all women and girls. Gender equality and women's and girls' empowerment, including their reproductive rights, are fundamental to the 2030 Agenda. Outputs 1 and 2 of Outcome 1 specified young people as target group and activities' partners for this outcome include, among others, State Agency on Youth, Sports and Physical Culture and civil society organizations.

P&D: Outcome 3 on P&D include output 4 aimed at strengthening national capacity to generate, disseminate and effectively use quality-disaggregated data for evidence based policy formulation, decision-making and monitoring of SDGs by working with the following partners, including Administration of the President, National Statistics Committee, Parliament, Ministry of Labor and Social Development, Ministry of Health, Ministry of Interior, RC office.

KIS CONTRIBUTIONS:

SRH The following interventions⁵¹⁸ were/are implemented within this programme area to contribute to reflect the goals stated in the UNFPA Strategic Plan, including:

- Investments have been increased: since 2018, the country for the first time began to purchase contraceptives for women from vulnerable groups at the expense of the state budget with an annual increase in funding of 1 million soms (good practice);
- New policies/regulations developed: National Family Planning Action Plan; contraceptive list on the Essential Medicines List was expanded; emergency contraception for women who have experienced sexual violence was added to the Emergency Drug List; the Reproductive Rights Act Monitoring Tool; Five-Year Plan Program to Increase Public Funding to Meet the Needs of 50% of High-Risk Women; reproductive health activities were included in the National Disaster Reduction Strategy Plan 2020; A minimum initial set of reproductive health measures for emergencies has been added to the Emergency Response Reserve Plan and other;
- Clinical guidelines/protocols/standards (including those based on the recommendations of the 2nd Confidential Enquiry into Maternal Deaths report) have been developed and are being implemented: clinical protocols for emergency obstetric care, family planning (6); state standards in obstetrics and gynecology and standards for operating procedures (5), clinical guidelines for family planning, a methodology for developing clinical protocols and clinical guidelines and more;
- Increased capacity of health workers (institutionalization of courses on family planning, gender-based violence in emergencies, integrated delivery of SRH and HIV services to key populations into curricula);
- Contraceptive logistics activities have been carried out (development of a Register of Women of Reproductive Age at Medical and Social Risk, assessment of drug supply chains, etc.);
- Surveys have been conducted (MICS 2018, Impact of COVID-19 on Women and Men in the Kyrgyz Republic, Impact of COVID-19 on Youth in Kyrgyzstan, Impact of the COVID19 Pandemic on the Sexual and Reproductive Health of Women in the Kyrgyz Republic).
- Implemented peacebuilding projects: "Promoting Social and Gender Equality to Strengthen Peace and Stability in Residential Areas" (*improving the lives of women*), "Promoting Harmony and Cooperation between Kyrgyzstan's Youth and Uzbekistan" (*improving the lives of teenagers and youth*), "Communities Resistant to Violent Ideologies" (*preventing radicalization - improving the lives of teenagers and youth*)⁵¹⁹;
- The ongoing work with health workers (training) of PHC pilot organizations is aimed at providing quality integrated health services to key populations without stigma and

discrimination (*improving access to sexual and reproductive health services*). Key populations (SRs, MSM, as well as PLHIV, LGBT, PWID, including young people of these key populations) have increased their knowledge about SRH and HIV, know their rights and opportunities, and will be able to further promote and address their own issues of concern (*rights realization*)⁵²⁰;

- Training materials developed on family planning, integrated SRH and HIV services for key populations have been introduced into the curricula. Training is provided to increase the capacity of health workers, which will improve the quality of services provided and access for vulnerable groups (*improved access to sexual and reproductive health services, reduced maternal mortality*)⁵²¹;
- Working with pilot Family Medicine Centers to provide integrated SRH and HIV services will help improve access to these services for key populations (*achieving universal access to sexual and reproductive health services/realizing the rights of key populations*)⁵²²;
- Improved knowledge of NGOs, young people from key populations, provision of integrated SRH and HIV services by pilot Family Medicine Centers (*reproductive rights, improved access to sexual and reproductive health services*)⁵²³;
- Informing and training women living with HIV on SRH and FP increased the activity of women from the community, including in voicing their needs (*realization of rights*)⁵²⁴;
- Progress in maternal mortality rate, improvement of knowledge among women on family planning, allocation of state budget funds for purchasing contraceptives for vulnerable women of medico-social risk group (*reduce maternal mortality, access to sexual and reproductive health services, realization of reproductive rights*)⁵²⁵;
- After on-site monitoring and explanatory work, the number of prescriptions issued under the Additional MHI program increased (women's access to medicines, including contraceptives, approximately doubled). Improved awareness of rights was also confirmed by the questionnaire survey of women (*access to sexual and reproductive health services, realization of reproductive rights*)⁵²⁶;
- Women from medico-social groups may be entitled to free access to contraceptives purchased from the state budget (*access to sexual and reproductive health services, realization of reproductive rights*)⁵²⁷;
- Timely work on family planning with women at risk will reduce the risks of complications during pregnancy and childbirth, as well as maternal and perinatal mortality (*reducing maternal mortality, access to services, reproductive rights*)⁵²⁸.

GENDER: The following interventions⁵²⁹ were/are implemented within this programme area to contribute to reflect the goals stated in the UNFPA Strategic Plan, including:

- Support in advocating normative legal acts at national level (GBV sphere)
- Design and conduct research, monitoring, data, statistic analysis
- Participate in the global Spotlight initiative
- Leadership in the Disaster risk coordination unit (DRCU)
- Hotline for people in difficult life situations, including victims of domestic violence
- Development of a modules for positive muscularity
- Capacity building of national partners – MHSD, NSC
- Promotion of the creation of mobile brigades
- Assistance in the creation of a shelter, a municipal shelter
- Development of correctional program
- Awareness raising in GBV issues
- Increased capacity building in gender-based violence in emergencies⁵³⁰
- Special interventions were carried out with the participation of religious leaders to raise awareness of the effects of early marriage through Friday prayers.⁵³¹
- The practice of collecting and publishing gender-disaggregated statistics develops and continues⁵³².

Youth: The following interventions⁵³³ were/are implemented within this programme area to contribute to reflect the goals stated in the UNFPA Strategic Plan, including:

- Advocacy for approval of Concept of Youth Policy, preparation of Action Plan; Youth Action Plan for 2017-2020;
- Law on volunteering: 500 volunteers;
- Manual on coordination in humanitarian setting for ME/the State Agency on Youth and Sport (SAYS);
- Capacity building of the SAYS;
- SDG Ambassadors: 34 graduates conducted > 70 campaigns⁵³⁴
- Digital platform on psychological assistance w/MOH support;
- Rapid assessment/report on COVID -19 impact on youth
- PBF project on youth on border Kyr-Uzb

P&D: The following interventions⁵³⁵ were/are implemented within this programme area to contribute to reflect the goals stated in the UNFPA Strategic Plan, including:

- Preparation to census: 90% done, 27,000 people trained;
- Promotion of Demographic concept and Activity Plan
- Policy Briefs: 1) High population growth based on PSA; 2) Place of women in KR; 3) PSA and Labor statistics reports
- Improvement of working conditions of NSC (regions): training, premises renovation, website update, software purchase;
- Best collection on Women/Men data and Youth in KR;
- Improved capacity of NSC in methodology;
- Support to establishment of Center of Analytics and Demography (High School of Economy, Sorbonne Univ.)
- Rapid assessment on COVID-19

EQ 2 (Effectiveness): To what extent have the intended programme outputs been achieved?

<p>Policy and institutional mechanisms for the improved access of people to integrated high-quality reproductive and sexual health care services with a focus on more vulnerable and target groups have been strengthened</p>	<ul style="list-style-type: none"> • Extent to which investments into reproductive health care and family planning services have been increased • Extent to which favorable conditions for the access to reproductive health care and family planning services, especially to vulnerable and target population have been created • Evidence that additional national clinical guidelines and standards on sexual and reproductive health have been developed and implemented • Extent in which developing capacity and empowering midwives and nurses of obstetrical facilities supports the development of active position of their professional associations • Extent in which the national system of confidential enquiries into maternal and perinatal mortality and morbidity has been strengthened • Evidence that data on the status of reproductive health, needs and services is collected 	<ul style="list-style-type: none"> • National budget information • National disaggregated statistics related to reproductive health • Reproductive and sexual health care strategy • Reproductive normative tools, guidelines, strategies • Training modules • Monitoring reports • Field visits • Final beneficiaries/members of the community (including those who use the services and those who do not) • Relevant reports (on SRHR) 	<ul style="list-style-type: none"> • Interviews with Ministry of Health and Social Development (MoHSD) other relevant government ministries and organizations • Interviews with WHO and other relevant United Nations agencies • Document review • Interviews with (local/national) societies for obstetrics and gynecology • Interviews with health professionals • Interviews and focus groups, discussions with service users (and those in the community who do not use the services) • Online survey
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	<ul style="list-style-type: none"> • Extent in which preparedness of the country to render adequate services to ensure reproductive and sexual health services in emergencies has been improved • Evidence that mechanisms of public-private partnership in the field of sexual and reproductive health care have been developed 	produced by national/international women's rights groups and human rights bodies/organizations	
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DOCUMENTS REVIEW

In 2017, the Population Committee of the Parliament of the Kyrgyz Republic (Jogorku Kenesh), the Ministry of Health and the Compulsory Health Insurance Fund, with the support of UNFPA, organized a series of events to draw attention to the issue of family planning and access to contraceptives. As a result of these activities, a resolution was adopted on the further improvement of family planning services for the group of socio-medical risks among women of reproductive age. In order to strengthen progress in ensuring the rights of people to access family planning services, in 2018 **the Government of the Kyrgyz Republic allocated** 3.2 million soms from the State budget for the purchase of contraceptives, which covers 20 per cent of the needs of women with a high social and medical risk of maternal mortality⁵³⁶. The five-year contraceptive procurement plan, developed in 2018 by a multidisciplinary panel of experts appointed by the Ministry of Health, set a target of increasing public funding to meet the needs of 50% of women at risk by 2023⁵³⁷. Within the framework of the "Family Planning 2020" initiative, state funding for the purchase of contraceptives in 2019 -2020 increased to 4.2 and 5.2 million soms, respectively, in accordance with the country's obligations⁵³⁸.

In response to the need for targeted provision of contraceptives, the Ministry of Health, with support from UNFPA, developed and approved a list of categories of people at medical and social risk of maternal mortality. In 2019, **the list of categories of persons included in the medical and social risk group** was supplemented⁵³⁹ and included in the list of categories of citizens for preferential and free provision of contraception⁵⁴⁰. The list of medical and social risk groups includes women of reproductive age with diseases such as diabetes mellitus, bronchial asthma, malignancies, tuberculosis, HIV with clinical manifestations and others, as well as people with disabilities, people from large and low-income families.

In 2018-2020, with the support of UNFPA, **6 clinical protocols** were developed **based on the recommendations of the second CEMD report** and implemented: 1) "Severe Preeclampsia" and 2) "Eclampsia"⁵⁴¹ (2018), 3) "Diagnosis and intensive care of acute respiratory distress syndrome in pregnancy"⁵⁴² (2018), 4) "Cesarean section"⁵⁴³ (2019), 5) "Ectopic Pregnancy" (2019)⁵⁴⁴, 6) "Prevention of venous thromboembolic complications during pregnancy, delivery and postpartum period" (2020)⁵⁴⁵. **Two Clinical Protocols for Family Planning** have also been developed: on the use of implants and subcutaneous injectable contraceptives (2020)⁵⁴⁶. The protocols were reviewed and discussed by internal and external experts, translated into Kyrgyz, and training of service providers and MHIF specialists was conducted. As part of the recommendations of the Second CEMD Report, a **Standards Operating Procedure (SOPs)** for midwives on assessment and stabilisation of women with postpartum hemorrhage, active management of third stage labor, routine early postpartum care, and management of women with complicated postpartum (2018)⁵⁴⁷ was developed with UNFPA support, together with GIZ and the Midwives Association. Also, with UNFPA support, **The State Standards on Obstetrics and Gynecology** in the Kyrgyz Republic (2019)⁵⁴⁸, **State health care standards for adolescents** (2020)⁵⁴⁹ have been developed and **Procedures for development and implementation of clinical guidelines** (2021)⁵⁵⁰ and **Clinical Protocol for the Submission and Management of Medical Care for Sexually Violent Persons** (2020)⁵⁵¹ have been revised and approved.

With the support of UNFPA, **capacity building and empowerment activities for midwives have been carried out: a standards operating procedure for midwives** were developed (listed above) with the active participation of midwives of Bishkek maternity hospitals and the Kyrgyz Alliance of Midwives. The purpose of these SOPs is to reduce complications and mortality of women by improving the practical skills of mid-level specialists in emergency obstetric care, care for women in childbirth and postpartum, which is especially important in those health organizations where there are no conditions and opportunities to provide the entire volume of 24 hours per day with the participation of doctors⁵⁵². Also with support of UNFPA in 2019-2020, representatives from the Kyrgyz Midwives Alliance participated in the collection of statistics to report on midwifery activities in the Kyrgyz Republic to the International Confederation of Midwives⁵⁵³.

In 2017, the National Committee on **Confidential Enquiry into Maternal Deaths** (NC CEMD) of the Kyrgyz Republic presented to the public the Second CEMD Report, prepared with technical support from UNFPA and WHO⁵⁵⁴. During the period 2018-2020, with the support of UNFPA, activities were carried out to implement the recommendations of the Second CEMD Report into the work of health care organizations: In the period 2018-2020, with the support of UNFPA, activities were carried out to implement the recommendations of the Second CEMD report in the work of health organizations: clinical protocols and SOPs (listed above) were developed, a Short Term Action Plan (2018-2020) and a Monitoring Plan for the implementation of CEMD report recommendations were developed and presented with broad participation of the MoH, Parliament and civil society⁵⁵⁵.

To improve contraceptive logistics, **planning of contraceptive** needs of women of reproductive age from the medical and social group at risk, with the support of UNFPA, the accounting and reporting documents on the use of contraceptives, including women of reproductive age from the medical and social group at risk, were revised⁵⁵⁶. As a follow-up to this work, the electronic Register of Women of Reproductive Age of the Medical and Social Risk Group (2020) was developed on the basis of an open DHIS2 platform, which will allow quickly receiving and visualizing information about persons of the medical and social risk group using or needing contraceptives. This electronic system will improve the quality of accounting, the effectiveness of the use of contraceptives, the planning of services and needs in contraceptives by medical professionals in the field, improve the reliability of reporting data, and decision makers - correctly plan purchases of contraceptives from the state budget. Currently piloting the Register in one of the Family Medicine Centers of Bishkek⁵⁵⁷. A monitoring tool to determine the effectiveness of contraceptive use for women in the medico-social risk group and an Instruction for recording, identifying women from the medico-social risk group and reporting on contraceptive use were developed⁵⁵⁸. A special SimBase software platform interface has been developed for the MHI Foundation, which provides easy and instant access to prescriptions for medicines, including contraceptives as part of the Supplementary Drug Package (2019)⁵⁵⁹.

Based on the advocacy of UNFPA, since February 2020, **emergency contraceptives** (Levonorgestrel 0.75 and 1.5) were included in the List of medicines and medical devices permitted for emergency medical care for health care organizations providing primary health care under the State Guaranteed Benefit Package⁵⁶⁰ for women who have experienced sexual violence in order to avoid unwanted pregnancies. With the support of UNFPA, a Manual on Organization and Coordination of SRH Protection in Emergency Situations, Simulation Training using the MISP Tool has been developed and as well as the Adolescent Sexual and Reproductive Health Tool in Humanitarian Emergencies was adapted to the Kyrgyz context. Training and Roundtables were held with the Ministry of Health and the Ministry of Emergency Situations, as well as training for youth leaders to create youth ambulance crews to respond to emergencies (2018)⁵⁶¹.

KIS CONTRIBUTIONS:

- As a result of advocacy activities, the process of public procurement of contraceptives for free provision to women in the medico-social risk group (with certain illnesses, people with disabilities, low-income people, people with many children) has begun. The list of contraceptives on the List of Vital Drugs has been expanded, allowing insured women to purchase contraceptives under the additional MHI package at 50% of the cost of the drugs; postpartum and post-abortion IUD insertion is being actively implemented⁵⁶²;
- As a result of advocacy activities supported by UNFPA, procurement of contraceptives for women in the medico-social risk group has begun from the state budget with an annual increase of one million soms⁵⁶³;
- With the participation of UNFPA, the state has committed itself and in 2018 allocated budget funds for the purchase of contraceptives for vulnerable populations in the amount of 3 million soms⁵⁶⁴;
- Thanks to the joint work of parliamentarians, civil society and UNFPA, the amount from the state budget for the purchase of contraceptives for women at risk was increased to 5 million soms⁵⁶⁵;
- The country's commitment to allocating public funds to purchase contraceptives for vulnerable women is the result of significant advocacy work by both national partners and UNFPA. National clinical protocols/guidelines database is being updated ⁵⁶⁶;
- Allocation of funds from the state budget for the purchase of contraceptives for women from vulnerable groups (5.2 million soms were allocated in 2020). Increased capacity of medical professionals in family planning (none of the family doctors had previously taken these trainings, specialists of the MHIF began to be actively involved in training, as they monitor indicators for clinical protocols); training on postpartum/post-abortion IUD insertion (to observe the necessary interval between births, especially

relevant among vulnerable groups of women) is conducted. Clinical protocols and guidelines are based on the recommendations of the second CEMD report; taking into account new contraceptives on the national market⁵⁶⁷;

- The list of contraceptives in the Supplemental Compulsory Medical Insurance Program was expanded to provide insured citizens with a discount of up to 50% of the cost of family planning medications⁵⁶⁸;
- Practical assistance was provided (supervision every 2 months) to introduce spinal anesthesia in obstetrics (in Talas oblast this method of anesthesia was not used at all during cesarean section surgery. After supervisions, in recent years they started to actively use it). The developed clinical protocol "Acute Respiratory Syndrome in Obstetrics" is the only protocol for acute respiratory syndrome in the country. During the COVID-19 pandemic, this protocol was used not only in obstetrics and gynecology, but also by other specialists when complications arose.⁵⁶⁹;
- The ongoing work with health care providers in PHC pilot organizations aims to provide quality integrated health care services to key populations without stigma and discrimination. NGOs refer representatives of key populations to trained health care providers. Increased sensitivity of trained health care workers to key populations and commitment to promoting the condom as a method of triple protection⁵⁷⁰;
- Training is provided to improve the capacity of health workers, which will improve the quality of services and access for vulnerable populations⁵⁷¹;
- Working with pilot Family Medicine Centers to provide integrated SRH and HIV services will help improve access to these services for key populations⁵⁷²;
- Identified SRH and HIV-friendly organizations for key populations; trained health care workers of pilot Family Medicine Centers to provide integrated SRH and HIV services; trained key populations on SRH and HIV with the involvement of specialists from the Kyrgyz State Institute of Retraining and Professional Development⁵⁷³;
- Thanks to training, family doctors (former internists and pediatricians)/nurses have gained an understanding of family planning, contraception, and have learned how to counsel and prescribe contraceptives. The developed clinical protocols serve as a guide in practice and in the training of specialists⁵⁷⁴;
- Developed clinical protocols for family planning - wouldn't be without UNFPA support⁵⁷⁵;
- The developed and implemented national clinical protocols are relevant to practical healthcare. Clinical protocols for preeclampsia, preinduction of labor, prevention of thromboembolic complications - "revolutionary" protocols. Protocol for Prevention of Thromboembolic Complications helped in the Treatment of COVID-19 Patients. Implementation of CEMD recommendations with the development of a roadmap; trainings resumed, promotion of postpartum contraception (according to the findings of the 2nd CEMD report, the rate of maternal deaths among women who give birth twice a year is increasing)⁵⁷⁶;
- There are clinical protocols and guidelines (standardization) and they can be relied upon; clinical protocols have helped represent the implementation of state and national programs⁵⁷⁷;
- Based on the national clinical protocols, the maternity hospital developed internal protocols; the approaches/practices used based on the clinical protocols helped to improve the quality of emergency obstetric care and clinical indicators of the maternity hospital (no cases of eclampsia/no maternal deaths since 2015)⁵⁷⁸;
- Participating in data collection efforts for the International Confederation of Midwives builds the capacity of the Association's staff and gives them some experience, which then helps to improve the overall performance of their work. Standards for surgical procedures for bleeding through the Association of Midwives of Kyrgyzstan were developed and approved by order of the Ministry of Health⁵⁷⁹;
- Contraceptive records have been revised; a register of women of reproductive age at risk has been developed on the basis of DHIS2 to track their use of contraceptives, including those purchased with state funds⁵⁸⁰;
- Revised accounting and reporting documentation related to contraceptive use; developed and approved by order of the Ministry of Health a Monitoring tool to determine the effectiveness of contraceptive use for individuals in the medico-social risk group and Instructions for medical workers on accounting, identifying and reporting women in the medico-social risk group on their use of contraceptives. An electronic database based on the DHIS2 platform on the accounting of women from the medical and social risk group has been developed⁵⁸¹;
- Improvement and development of contraceptive logistics tools: CHANNEL software (for contraceptive stock management) is integrated with 1C-accounting software; a

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<p>register of women of reproductive age from the medico-social risk group based on DHIS2 platform is developed⁵⁸²;</p> <ul style="list-style-type: none"> Reviewed and approved by order of the Ministry of Health forms for accounting and reporting on the use of contraceptives and brought them to the level of health care organizations; an on-line computer database based on the DHIS2 platform was developed to record women of reproductive age from the medico-social risk group, which will not only provide qualitative data, but also visualize them⁵⁸³; Results of the work with the National Statistics Committee and the eHealth Center for Statistics and Open Data are visible (information has become more accessible to users)⁵⁸⁴; An emergency contraceptive for women who have been sexually assaulted has been added to the PHC-level list of emergency supplies⁵⁸⁵; The Methodological Instruction on conducting simulation exercises in the field of reproductive system protection during emergencies was developed, approved by order of the Ministry of Health of the Kyrgyz Republic, agreed with the Ministry of Emergency Situations, training seminars were held, including in Batken oblast during the emergency situation in the border areas in 2021⁵⁸⁶; Developed a Minimum Initial Intervention Package (MISP) for responding to emergencies; Guidelines on Adolescent Reproductive Health in Emergencies (approved by MOH Order); conducted cascade trainings on MISP in regions on adolescent SRH in emergencies; MISP issues introduced into continuing medical education system; developed and approved by MOH Order job descriptions and responsibilities of RH coordinator in emergencies⁵⁸⁷; Developed and submitted to the Ministry of Health an action plan to improve the supply chain of medicines⁵⁸⁸. 			
<p>National legislation, policy and programs allowing for the rights and needs of young people and youth have been strengthened</p>	<ul style="list-style-type: none"> Evidence that reproductive rights of adolescents and young people, in particular, access of adolescents and young people to sexual and reproductive health care services and relevant information /education are in place Extent in which comprehensive SRH education has been incorporated in the national formal education system; Extent in which the national Y-Peer network has been expanded to make it a reliable partner of the government in providing adolescents and young people on the local level with information and education on leadership, sexual and reproductive health and gender equality Evidence on the needs of adolescents and young people is available 	<ul style="list-style-type: none"> Strategy and protocols Monitoring reports Developed curriculum Field visits Consultation meeting minutes Policy briefs 	<ul style="list-style-type: none"> Document review Interviews with MoHSD and other relevant government ministries Interviews with UNICEF and WHO and other relevant United Nations agencies Health professional interview Interviews with diverse groups of young people Interviews with peer educators, teachers Meeting with implementing partners Meeting with school health educators Online survey
<p>DOCUMENT REVIEWED:</p> <ul style="list-style-type: none"> UNFPA Country Programme Document for Kyrgyzstan 2018-2022 UNDAF 2018 - 2020 UNFPA Strategic Plan 2018-2021 			

FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)

- UNFPA Annual workplans and reports for 2018-2020
- National Voluntary Report, SDGs
- UNDP Human Development Reports for Kyrgyzstan
- National Youth Concept, Action Plan
- Youth in KR, 2014-2018 (report)
- State of World Population 2020
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>
- PBF projects: *Promoting Kyrgyzstan's youth cohesion and interaction towards UZB; Women and Girls as Drivers for Peace and Prevention of Radicalisation*
- Evaluation of UNICEF, UNFPA, UNDP project “Promoting Kyrgyzstan’s youth cohesion and interaction towards Uzbekistan” (2019-2020), UNICEF 2021

KIS CONTRIBUTIONS:

- Implementation of PBF *Promoting Kyrgyzstan's youth cohesion and interaction towards UZB* improved relationship among minority groups, countries, tolerance to diversity⁵⁸⁹; self-realization for girls, get local government support in 9 communities⁵⁹⁰
- Law on volunteering allowed to train 500 volunteers
- Approved Concept of Youth policy allowed to design the Action plan for next 5-6 years⁵⁹¹, but after changes in KR governance all laws and regulation should be revised⁵⁹²;
- Project on SDGs allowed trained 34 young people who conducted more than 70 information, awareness and advocacy campaigns on SDG related issues⁵⁹³;
- Youth Delegate projects allowed to prepare young people to present Kyrgyzstan at international level. Pilot Young Messenger programme allowed to increase capacity of 20 people in project design, Training of trainers, etc. and get funds for projects (up to \$3,000) finance together with UNFPA⁵⁹⁴;
- Digital platform established in collaboration with MOH allowed to provide psychological assistance to youth that is important in pandemic era⁵⁹⁵;
- Regional project on Youth compact
- UNFPA is the leading UN agency on work with youth⁵⁹⁶, but can do more in capacity development and strengthening of youth⁵⁹⁷; There is no UN agency that has mandate to work with youth of age 14-28 year old in KR⁵⁹⁸;
- The following guidance/ manuals were prepared: on coordination in humanitarian setting for ME/the State Agency on Youth and Sport (SAYS)⁵⁹⁹; On civic education for colleagues (98 colleges using it)⁶⁰⁰;
- UNFPA assisted SAYS in implementation of youth reporting system; get more statistical data on youth; implement 2-year planning cycle as well as advocate youth related issues at political and regional levels⁶⁰¹;
- UNFPA conducted/ prepared several youth-related research/ studies/ reports: annual reports on youth; Index on Youth development and well-being, Rapid assessment/report on COVID -19 impact on youth, Youth Left Behind⁶⁰²;
- Establishment of donor coordination council on youth policy development with support of GOK; more support is needed to increase knowledge of youth on human rights (especially girls), social entrepreneurship, interethnic relationship⁶⁰³; digital knowledge and skills⁶⁰⁴;
- UNFPA helped in the Development of Protocols. These protocols explain the terms and types of sexual violence. Main contribution that UNFPA and partnering governmental agencies have made for the promotion of reproductive health is final standardization of the document (approval of protocols), development of policy documents, and reduction of maternal mortality rate⁶⁰⁵.

National policy and institutional mechanisms	<ul style="list-style-type: none"> ● Development of a new long-term national policy document on gender equality to incorporate recommendations of the 	<ul style="list-style-type: none"> ● UNFPA assistant representative ● UNFPA gender focal point and/or 	<ul style="list-style-type: none"> ● Document review and analysis ● Group meetings with NGOs,
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<p>for promotion of gender equality and prevention of gender-based violence and damaging practices /customs have been strengthened</p>	<p>universal periodic review and define obligations of the country with regard to reproductive rights of people of KR with a focus on vulnerable groups, including adolescents and young people, improvement of access to SRH services and appropriate information, prevention of gender-based violence and early/forced marriages</p> <ul style="list-style-type: none"> • Strengthening coordinated institutional mechanisms to ensure inter-sector response to gender-based violence • Strengthening partner relationships of government, civil society and religious organizations in order to facilitate gender equality and prevent gender-based violence and early/forced marriages • Promoting approaches to change gender relations and engage men and boys into solving problems of gender inequality and gender-based violence • National Council for Women and Gender development (NCFWGD) members trained in life skills 	<p>team working on gender equality</p> <ul style="list-style-type: none"> • Parliamentary Committee • MoHSD • Relevant NGOs • Relevant implementing partners • Gender focal points in concerned ministries and municipalities 	<p>concerned municipalities (women's units)</p> <ul style="list-style-type: none"> • Interviews with UNFPA gender focal points • Interviews with government implementing partners • Interviews with / survey of diverse groups of organizations – including implementing partners • Online survey
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DOCUMENT REVIEW

Program has planned output and outcome are partially met and have a good potential to be fully achieved. In the framework of the United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic, 2018-2022 2018-2019 Joint Work Plan, following outcomes were partially achieved.

Priority 2. Good Governance, rule of law, human rights, and gender equality

2.1.3 Provide technical support to key national partners on age-sensitive and gender-responsive evidence based policy formulation, implementation, and budgeting processes, including SDGs nationalization in national policies and strategies, also through production and use of gender data (MLSD, MinFin, Parliament, NatStatCom, Prosecutor's Office, Mol, MoJ)

2.1.6 Strengthen national statistics systems to produce, analyze and disseminate disaggregated population data for evidence-based policies

Priority 3. Environment, climate change, and disaster risk management

3.2.10 Strengthen national preparedness and response mechanisms that deliver sexual and reproductive health services and respond to gender-based violence in emergency situations

The UNFPA builds a good partnership with state agencies to working together in implementation of the 2030 Agenda. By 2022, UNFPA will support the institutions at all levels to be more accountable and inclusive ensuring justice, human rights, gender equality and sustainable peace for all.

The UNFPA has made a great impact in achieving the 2.3.1. Outcome: Strengthen a multi-sectoral response to gender-based violence by focusing on the implementation of essential services packages for victims of violence, professional legal assistance, including Pro Bono, as well as institutionalization of programs on men and boys involvement

KIS CONTRIBUTIONS:

- UNFPA provided technical assistance to MLSD - created a specialized unit on violence .Thus, UNFPA helped the National Council on Gender to become more active, to rehabilitate the role of MLSD, creating a multisectoral response to violence⁶⁰⁶;
- Following the adoption of the Domestic Violence Law, the MLSD announced that it had narrowed the intersectoral approach and the coordination of actors is required. The

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Regulation was developed, a functional analysis was made, as a result, a coordinating body was created⁶⁰⁷;

- The Muftiate began to discuss GBV issues and the need to involve men in the fight against GBV⁶⁰⁸.
- UNFPA contributed to the State Control (including both supervision and monitoring) over the implementation of legal norms in the field of gender balance and gender discrimination. One of the achievements was creation of a coordinating body for the fight against gender discrimination in populations. UNFPA was a key actor that supported the creation of such Department on fighting gender discrimination. Besides, UNFPA participated in the development of the Gender Strategy 2021-2030 that will address the issues of coordination and harmonization of statistical data and other information in regard to gender topic⁶⁰⁹.

<p>National data systems and improved access and availability of evidence-based analysis of population flows and linkage to sustainable development for policy-making based on protection of human rights have strengthened</p>	<ul style="list-style-type: none"> • Strengthening institutional capacity in demographic analysis and population projections as the basis for sound development and monitoring of policy in the fields of sexual and reproductive health care, gender equality and gender-based violence, linkage of population and development considering for particular needs of vulnerable and target population; • Evidence that comprehensive population policy has been developed • Comprehensive system of population registries has been developed 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D project reports • National Statistic Committee staff and publications • MoHSD staff • United Nations • Statistics Task Force terms of reference • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Annual reports from NSC, MoHSD, need assessment, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems • Interviews with ministries, and municipalities staff to review the implementation modalities of P&D component and achievements • Interviews with / survey of diverse groups of implementing partners working with communities
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DOCUMENTS REVIEWED

- UNFPA Annual workplans and reports, 2018-2020
- National Voluntary Report, SDGs
- UNDP Human Development Reports for Kyrgyzstan
- State of World Population 2020
- 2017 Population analysis
- Implication of COVID-19 for older persons: Responding to the pandemic
- Population situation analysis in the Kyrgyz Republic, 2017
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>
- Policy Briefs - 1) *High population growth based on PSA*; 2) *Place of women in KR*; 3) *PSA and Labor statistics reports*

KIS CONTRIBUTIONS:

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- UNFPA assisted NSC in preparation of /piloting 2021 census, receiving needed statistics on gender, youth and other demographic statistics important for decision-making; go to paperless acts of citizens situation and digital reporting; prepared Law on Public Statistics (2020) and development of respective regulations; conducted several studies, including 2020 MICS, 2020 Multilevel poverty as well as design annual strategic plan; update NSC website, and getting new software⁶¹⁰;
- UNFPA assisted in preparation the following collection on: youth in KR, women and men; modernization and implementation of TUNDUK system with GIS ability for better interaction between public institutions; strengthening capacity of NSC staff as of high turnover (low salaries)⁶¹¹;
- There is no urgent problem with aging population (now 5%, by 2030-7%), and National programme supporting elderlies up to 2020 will be expanded⁶¹²;
- Based on population situation analysis Concept of demographic policy is being designed that is result on many years of advocacy work with MOH and Committee on population and development; UNFPA work on studying SRH, GE, GBV, youth, etc. led to new laws, policies, regulations in various areas and identification of new areas/issues for UNFPA work (like cervical cancer now; more attention to aging issues as 4% is threshold for starting work, digitalization)⁶¹³;
- Manual on sexual education was testing, will be presented by the end of 2021, and now situational analysis is taking place to identify key issues for advocacy campaigns; policy briefs lead to policy decisions as well as analyses on COVID-19 impact on population, gender, and youth⁶¹⁴;
- UNFPA research and studies are used to set up targets, identify gaps, pilot and monitor manuals/ projects, etc.⁶¹⁵;
- UNFPA work with NSC need to be focused on better understanding of statistics by media, state, civil society, etc.⁶¹⁶;
- UNFPA provided a great support in preparation of information and training materials for teachers and religious leaders working in madrassas⁶¹⁷
- UNFPA fosters capacity development as a mode of engagement in order to enhance national stakeholder ability for the use of census-related data
- Organization of systematic events in the framework of capacity development for staff, development of normative acts⁶¹⁸.
- A big impact was made through UNFPA prompt response to changes in national developments, such as an urgent crisis related to bride-kidnapping and eliminating gender-based violence against women and girls in Central Asia.
- Manual on sexual education was testing, will be presented by the end of 2021, and now situational analysis is taking place to identify key issues for advocacy campaigns; policy briefs lead to policy decisions as well as analyses on COVID-19 impact on population, gender, and youth⁶¹⁹;
- The UNFPA help the governmental agencies to develop statistical compendium in order to monitor the gender aspect and make recommendations for improvement⁶²⁰.

EQ 3 (Effectiveness): To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

Utilization of integrated SRH Services has been increased by those furthest behind	<ul style="list-style-type: none"> • Maternal mortality ratio • Proportion of birth attended by skilled health personnel for the poorest quantile of the population • Proportion of demand for modern contraception satisfied • HIV prevalence 	<ul style="list-style-type: none"> • Reports • MICS • Surveys • HIV surveillance data • Papers 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA CO
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DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- MAPS Mission Report
- Inception Report on Confidential Enquiry into Maternal Deaths in KG

- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- The program of the five-year plan to gradually increase state funding to meet the needs of 50% of women from high medical and social risks groups for maternal mortality by 2023
- "Toward Better Health in the Kyrgyz Republic," Progress Report on the Health and Sustainable Development Goals in 2020, WHO, 2021. <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- Trends in maternal mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

According to official data, there has been a steady downward trend in the maternal mortality rate (Goal 3.1.1) in the Kyrgyz Republic since 2015. Between 2018 and 2019, **the maternal mortality rate decreased by 13%**, amounting to 24.8 per 100,000 live births in 2019⁶²¹. In 2020, maternal mortality rates were significantly affected by the COVID19 pandemic, when more than one-third of maternal deaths, 39.7% (27 of 68 deaths), were due to COVID-19 and/or community-acquired pneumonia⁶²². According to the Ministry of Health, the maternal mortality rate was 42.4 per 100,000 live births in 2020 compared to 24.8 in 2019 (an increase of 1.7 times). Excluding maternal deaths related to COVID19, the maternal mortality rate would have been 25.3 per 100,000 live births, a slight increase from 2019 (+2%)⁶²³.

The presence of skilled health personnel at delivery is an indicator of progress in achieving Sustainable Development Goal 3.1 to reduce maternal mortality and an indicator of SDG 3.1.2⁶²⁴. According to large-scale studies conducted in the Kyrgyz Republic, the proportion of births attended by skilled health personnel is quite high and is 99.8% according to MICS KR 2018 (MICS KR 2014 - 98.4%; increase of 1.4%) year. Of note, the MICS conducted in 2020 to assess the impact of the pandemic on the availability of services to women and children showed that the proportion of births attended by skilled personnel even increased to 100%⁶²⁵. At the same time, **the proportion of women from the poorest wealth quintile** who gave birth in the presence of trained health personnel was also high, at 96.5% in the MICS 2014, 99.0% in the MICS 2018, and 100.0% in the MICS 2020⁶²⁶.

The proportion of women of reproductive age whose family planning needs for are met by modern methods (SDG 3.7.1) compared to 2012 in 2018 increased by 8% (DHS KR 2012 - 62.0%, MICS KR 2018 - 67.4%)⁶²⁷, however, the issue of ensuring more targeted provision of modern contraceptives to women from the medical and social risk group remains relevant. This question was not included in the Cluster Survey "Impact of COVID-19 on Children and Women" KR 2020.

Over the last 3 years, there has been a decrease in the incidence of **HIV infection**: according to official RCAIDS data, 636 new HIV infections were registered for 2020 (9.7 per 100,000 population), a decrease of 25% from 2018 (2018 - 818 cases; 12.9 per 100,000 population)⁶²⁸. The number of new HIV infections per 1,000 uninfected by gender, age and key population (indicator of SDG 3.3.1) has remained largely unchanged over the past 3 years, at 0.1 in 2019 (2017-2018 -0.13)⁶²⁹. HIV prevalence (cumulative) has increased by 13.6% over the last 3 years (from 103 in 2018 to 117 per 100,000 population in 2020)⁶³⁰. While in 2016, people with HIV from the targeted risk groups accounted for 33.6% of all new HIV cases, in 2018 it was 21.0% and in 2020 it was 15.5%. The remainder, the main share, is from the general population (an increase of 7% over 3 years). The share of persons aged 25-49 years among newly diagnosed cases has decreased by 4% since 2017⁶³¹.

KIS CONTRIBUTIONS:

- Family planning and HIV prevention are among the priorities in our country, helping to reduce maternal mortality and infectious morbidity⁶³²;
- The activities carried out as part of the work with UNFPA are designed to meet the needs of the country, but because the budget is small, they cannot have any global impact on the situation with HIV infection⁶³³;
- Progress in the maternal mortality rate (over the last 3 years, the maternal mortality rate has maintained a downward trend, if the impact of the pandemic is not taken into account) is the result of interventions supported by UNFPA⁶³⁴;
- UNFPA-supported activities contribute to reducing maternal mortality in the country⁶³⁵;

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- Developed clinical protocols improve the quality of care for women and the level of services provided, which ultimately helps to reduce maternal mortality rates⁶³⁶;
- The decrease in maternal mortality and morbidity is the result of work on clinical protocols, including those developed with UNFPA support⁶³⁷;
- Approaches/practices used based on clinical protocols helped to improve the quality of emergency obstetric care and clinical indicators of the maternity hospital (no cases of eclampsia/ no maternal deaths since 2015)⁶³⁸;
- The decrease in maternal mortality and morbidity is the result of work on clinical protocols, including those developed with UNFPA support⁶³⁹;
- One of the main results of their joint work is the good tendency of maternal and infant mortality rates to decrease in recent years (not including 2020 - the COVID-19 pandemic had its impact)⁶⁴⁰.

The access of young people to quality SRH services and sexuality education has been increased	<ul style="list-style-type: none"> • Adolescent fertility rate 	<ul style="list-style-type: none"> • Reports • MICS 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA CO
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DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- National Voluntary Report, SDGs
- MAPS Mission Report
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- The program of the five-year plan to gradually increase state funding to meet the needs of 50% of women from high medical and social risks groups for maternal mortality by 2023
- "Toward Better Health in the Kyrgyz Republic," Progress Report on the Health and Sustainable Development Goals in 2020, WHO, 2021. <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- Trends in maternal mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

KIS CONTRIBUTIONS:

- Guidance on sexual education was designed and introduced in 98 colleges⁶⁴¹;
- According to large-scale surveys, the fertility rate among 15-19 year olds has fallen by 23%: from 65 (in 2014) to 50 (in 2018) per 1,000 women of this age (SDG 3.7.2)⁶⁴².
- There is some downward trend in the adolescent birth rate according to MICS 2014 - 65 per 1,000 women, MICS 2018 - 50 per 1,000 women. There is a significant difference between adolescent birth rates in rural and urban areas (64 and 32 per 1,000 women, respectively)⁶⁴³;
- A Guide to After-School Sex Education has been developed (to be presented in Q3 2021), a situational analysis with local experts is underway, and information and

communication products are being developed⁶⁴⁴;

- Youth SRH education is not adequately covered either at the level of national programs or at the level of the civil sector, and given the high rates of STIs, early pregnancy, etc., it is a priority need of the country⁶⁴⁵;
- The statistics on abortions and early marriages are quite high⁶⁴⁶;
- Guidance on Adolescent Reproductive Health in Emergencies was developed (approved by MOH Order); cascade trainings on MISP in regions on adolescent SRH in emergencies were conducted⁶⁴⁷;
- An intradepartmental Maternal, Newborn, Child, and **Adolescent** Health Program was developed, but it was not approved due to emergencies in the country (COVID-19, political barriers-restructuring the Ministry of Health)⁶⁴⁸.
- Module on positive of masculinity is introduced in vocational school. More than 50 teachers of medrese are taught about positive masculinity and reproductive health. ⁶⁴⁹

Gender inequality has been reduced	• Gender inequality index	• Reports	• Document review • Interviews with UNFPA CO
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DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- National Voluntary Report, SDGs
- UNDP Human Development Reports for Kyrgyzstan
- Gender in Society Perception Study, UNWomen
- Women of Kyrgyzstan in family and society. Young population and high population growth rate
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

The gender inequality index is based on indicators of reproductive health, capacity building and economic activity, which are analyzed in the context of male and female. Kyrgyzstan took 87th place out of 162 countries in this indicator with a nominal value of 0.381 for 2018. This indicator takes into account the following factors:

- 98.6% of women have secondary education compared to men (98.3%);
- 19.2% of parliamentary seats are held by women;
- 76 maternal deaths per 100,000 births;
- 32.8 adolescent births per 1000 women aged 15-19;
- 48% female participation in the labor market compared to 75.8% male participation.

For comparison, neighboring Tajikistan and Uzbekistan surpassed Kyrgyzstan, getting 84th and 64th places, respectively. (Human development report, 2019)

KIS CONTRIBUTIONS:

- There has been a backlash on violence against women.⁶⁵⁰

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<ul style="list-style-type: none"> During the covid-19 quarantine period in Bishkek alone, the number of cases of domestic violence increased by 60%.⁶⁵¹ 			
<p>Evidence-based national population policies have been developed</p>	<ul style="list-style-type: none"> Number of evidence-based national population policies developed 	<ul style="list-style-type: none"> Strategy and protocols Monitoring reports 	<ul style="list-style-type: none"> Document review Interviews with UNFPA CO
<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> UNFPA Annual workplans and reports, 2018-2020 National Voluntary Report, SDGs UNDP Human Development Reports for Kyrgyzstan State of World Population 2020 2017 Population analysis Implication of COVID-19 for older persons: Responding to the pandemic Population situation analysis in the Kyrgyz Republic, 2017 Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/ Policy Briefs - 1) <i>High population growth based on PSA</i>; 2) <i>Place of women in KR</i>; 3) <i>PSA and Labor statistics reports</i> <p><u>KIS CONTRIBUTIONS⁶⁵²:</u></p> <p>The following evidence-based policies have been developed with UNFPA support:</p> <ul style="list-style-type: none"> Concept on Demographic policy in KR; Law on “Official statistics” (2020), now regulations Concept of Youth policy and Action Plan; Law on Volunteering; National Family Planning Action Plan; contraceptive list on the Essential Medicines List was expanded; emergency contraception for women who have experienced sexual violence was added to the Emergency Drug List; the Reproductive Rights Act Monitoring Tool; Five-Year Plan Program to Increase Public Funding to Meet the Needs of 50% of High-Risk Women; reproductive health activities were included in the National Disaster Reduction Strategy Plan 2020; A minimum initial set of reproductive health measures for emergencies has been added to the Emergency Response Reserve Plan and others; The concept of demographic policy has been developed, but not approved (in the process, waiting for the results of the census). Clinical guidelines/protocols/standards (including those based on the recommendations of the 2nd Confidential Enquiry into Maternal Deaths report) have been developed and are being implemented: clinical protocols for emergency obstetric care, family planning (6); state standards in obstetrics and gynecology and standards for operating 			

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<p>procedures (5), clinical guidelines for family planning, a methodology for developing clinical protocols and clinical guidelines and more;</p> <ul style="list-style-type: none"> • Policy Briefs: 1) High population growth based on PSA; 2) Place of women in KR; 3) PSA and Labor statistics reports; 			
<p>EQ 4 (Effectiveness): To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of women and young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?</p>			
<p>UNFPA contributed to the development of a functional integrated information system for the formulation, monitoring and evaluation of national and sectorial policies</p>	<ul style="list-style-type: none"> • Disaggregated data produced, analysed and utilized at national and sectorial levels in a timely manner • Large-scale population surveys are conducted and disseminated • A number of professionals and units are trained to apply integration methods and tools • In-depth, policy-oriented (demographic/population) studies released • Functionality of information systems set in place • Database for monitoring the implementation of public policies established and available to the public 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D project reports • NSC staff and publications • MoHSD staff • United Nations Statistics Task Force terms of reference • Training participants • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Document review: including of annual reports from ministries, needs assessments, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems • Interviews with MoES, and municipalities staff to review the implementation modalities of P&D component and achievements • Online survey
<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • UNFPA Annual workplans and reports, 2018-2020 • National Voluntary Report, SDGs • UNDP Human Development Reports for Kyrgyzstan • State of World Population 2020 • 2017 Population analysis • Implication of COVID-19 for older persons: Responding to the pandemic • Population situation analysis in the Kyrgyz Republic, 2017 • Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan • Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic • Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/ • Policy Briefs - 1) <i>High population growth based on PSA</i>; 2) <i>Place of women in KR</i>; 3) <i>PSA and Labor statistics reports</i> 			
<p>KIS CONTRIBUTIONS:</p> <ul style="list-style-type: none"> • UNFPA assisted in modernization and implementation of TUNDUK system with GIS ability for better interaction between public institutions⁶⁵³; 			

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- UNFPA finds a big importance of bringing young people and women into decision-making processes and data management⁶⁵⁴

ONLINE SURVEY

Please rate by 4-point scale (where 1- no, 2 – partly, 3 – in full, 0 – do not know) **the extent to which:**

10. UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning) are appropriately integrated into national development instruments and sector policy frameworks, N=30	2.16
11. UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including advocating for supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts? N=28	1.92
12. UNFPA policy advocacy and capacity building support helped to ensure that the needs of young people are appropriately integrated into national development instruments and sector policy frameworks? N=27	2.00
13. UNFPA policy advocacy and capacity building support helped to ensure that gender equality is appropriately integrated into national development instruments and sector policy frameworks? N=29	2.08
14. UNFPA policy advocacy and capacity building support helped to ensure that relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks? N=29	2.03
15. UNFPA three global transformative and people-centred results (ending preventable maternal deaths, ending the unmet need for family planning, ending gender-based violence and all harmful practices, including child, early and forced marriage) have been incorporated into the formulation of national policies? N=31	2.24
16. UNFPA ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, key populations, etc.) have the information they need , are protected against violence and have access to life-saving services? N=33	2.14
17. UNFPA policy should target the most vulnerable (as part of its Leaving No One Behind policy). Do you think that this has been incorporated into the formulation of national policies? N=34	2.19
18. UNFPA systematically incorporated and implemented data-driven, gender responsive and human rights-based interventions to maintain essential services, including quality sexual reproductive health and GBV prevention and protection services (including mental health and psychosocial support), within the framework of the COVID-19 response and recovery efforts? N=33	2.35
19. Human rights based analysis (e.g. human rights principles of participation and inclusion, equality and nondiscrimination in situation analysis, programme design, implementation and monitoring) have been incorporated into the formulation of national policies? N=27	1.89

UNFPA contributed to the integration of population dynamics, reproductive health and gender equality into development planning at national, sectorial and local levels	<ul style="list-style-type: none"> • Disaggregated data – including on RH and GE – produced and available publically • Mechanisms established for policy analysis and dissemination of policy briefs • Number of national and sectorial plans incorporating population dynamics, reproductive health and gender issues exist • Existence of innovative guidelines for local planning to address priority population issues 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D, SRH, GE project reports • NSC staff and publications • MoHSD staff • United Nations Statistics Task Force terms of reference • Training participants • Implementing partners working at the state/district/community 	<ul style="list-style-type: none"> • Annual reports from MoHSD, Ministry of education and science(MoES), need assessment, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems
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<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • UNFPA Country Programme Document for Kyrgyzstan 2018-2022 • UNDAF 2018 - 2020 • UNFPA Strategic Plan 2018-2021 • National Voluntary Report, SDGs • MAPS Mission Report • UNDP Human Development Reports for Kyrgyzstan • National Youth Concept, Action Plan • Inception Report on Confidential Enquiry into Maternal Deaths in KG • State of World Population 2020 • Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan • Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic • The program of the five-year plan to gradually increase state funding to meet the needs of 50% of women from high medical and social risks groups for maternal mortality by 2023 • "Toward Better Health in the Kyrgyz Republic," Progress Report on the Health and Sustainable Development Goals in 2020, WHO, 2021. https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr& • Trends in maternal mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/ • Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/ <p>UNFPA supports the National Statistical Committee in preparing and publishing an annual statistical compendium, Women and Men of the Kyrgyz Republic. The compendium provides data on the number of women and men, their age structure, life expectancy, migration flows, fertility, incidence of various diseases (including HIV), reproductive health, contraceptive use, maternal mortality, educational level, economic activity of women and men, their social status, family violence and many other data of great interest to the public, from a gender perspective. The collection is published on the website of the National Statistical Committee of the Kyrgyz Republic⁶⁵⁵.</p> <p>UNFPA supports MICS, including MICS CR 2018, which also covered fertility, contraception, antenatal care, maternity and postnatal care, HIV and others. During the COVID19 pandemic (2020), with the support of UNFPA, several surveys have been conducted ("Impact of COVID19 on Women and Men in the Kyrgyz Republic", "Report on the Impact of COVID19 on Young People in Kyrgyzstan", "Impact of COVID19 on Sexual and Reproductive Health of Women in Kyrgyzstan"), whose results are publicly available at the UNFPA country office's website⁶⁵⁶.</p> <p>With the support of UNFPA, the "Monitoring Tool for the Implementation of the Law of the Kyrgyz Republic "On the Reproductive Rights of Citizens and Guarantees of their Realization" № 5389-V of May 21, 2015 was developed⁶⁵⁷. The monitoring tool was developed to enhance the control and oversight function of the Jogorku Kenesh to continuously monitor the implementation of the law on reproductive rights in the process of law enforcement in the activities of executive authorities, local governments and other relevant organizations⁶⁵⁸.</p>			

National strategic documents contain reproductive health issues, including HIV, in their Action Plans: As part of the commitments of the FP2020 initiative, with the support of UNFPA, a **National Family Planning Action Plan** for 2020-2024, reflecting the country's needs for reproductive health services and is designed to strengthen the role of the public sector and to consolidate country efforts and investments by partners in family planning programs through 2024, has been developed and presented for discussion to all stakeholders⁶⁵⁹. A draft **National Program for Women's, Newborn, Child and Adolescent Health** has been developed in collaboration with partners (GIZ, UNICEF, WHO). The UNFPA Country Office supported the development of the part related to reproductive health. The draft program with action plan and indicators was reviewed and agreed with the Ministry of Health (December 2019)⁶⁶⁰, after which the work was postponed due to emergency situations in the country.

With the support of UNFPA, **the five-year plan** for the gradual increase of state funding to meet the needs of 50% of women from groups of high medical and social risk of maternal mortality until 2023 was developed⁶⁶¹. **Economic Analysis** to Support Decision-Making on Contraceptive Provision Policy in the Kyrgyz Republic (2018)⁶⁶² was conducted with developed recommendations for best procurement practices through UN agencies tailored to the needs of women of reproductive age from health and social risk groups. Work has been done with the Ministry of Health to include a separate budget **line for family planning programs** in the program budget⁶⁶³. Similar work is planned with the MHIF⁶⁶⁴.

UNFPA contributed to the integration of population dynamics, reproductive health and gender equality into development planning at national, sectorial and local levels by preparing publications like "Toward Better Health in the Kyrgyz Republic," Progress Report on the Health and Sustainable Development Goals in 2020, WHO, 2021⁶⁶⁵.

To increase contraceptive prevalence and protect the health of women, newborns, infants, and adolescents, a draft Costed Implementation Plan for 2019-2030 is being created by the UNFPA. To achieve this, UNFPA is providing support for the implementation of a 5-year plan by the Ministry of Health to expand state funding to cover contraception for 50% of women at medical and social risk of maternal mortality by 2023⁶⁶⁶.

The UNFPA CP Gender and Gender Based Violence Program is responsive to meet the needs of final beneficiaries and partners in Kyrgyzstan. The UNFPA made a great contribution to improve the National data collection systems and conducting surveys. A big impact was made through UNFPA prompt response to changes in national developments, such as an urgent crisis related to bride-kidnapping and eliminating gender-based violence against women and girls in Central Asia. The UNFPA provided a great support to conduct various gender rapid assessment and survey to study COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. The study was conducted as part of the Women Count program for gender statistics improvement. Several recommendations were provided by the Regional Office of the United National Population Fund to recommend the Government of the Kyrgyz Republic, civil society groups and international development partners in their efforts to mainstream gender in COVID-19 response measures and reduce negative impacts of the pandemic on women and girls. UN Gender Mainstreaming Practices⁶⁶⁷.

At the period for 2018-2021, on bride-kidnapping, the gender program created eight bylaws to endorse the Legislation banning religious marriages with minors, one of which was co-sponsored by UNFPA. Furthermore, special interventions were carried out with the participation of religious leaders to raise awareness of the effects of early marriage through Friday prayers.

The UNFPA builds a good partnership with state agencies of the Kyrgyz Republic working together in implementation of the 2030 Agenda

2020 UN Country Results report⁶⁶⁸: By 2022, UNFPA supports the institutions at all levels to be more accountable and inclusive ensuring justice, human rights, gender equality and sustainable peace for all. The UNFPA has made a great impact in achieving the 2.3.1. Outcome: Strengthen a multi-sectoral response to gender-based violence by focusing on the implementation of essential services packages for victims of violence, professional legal assistance, including Pro Bono, as well as institutionalization of programs on men and boys involvement

The UN supported the National Gender Machinery (MLSD) in developing and approving the National Action Plan on Gender Equality 2018-2020 (in collaboration with other UN agencies), the National Action Plan on 1325 2018-2020, technical assistance in drafting the CEDAW study (2019), and technical assistance in MLSD's institutionalization of gender mainstreaming (2018)

Ongoing mechanisms for the integration of population data in national and sectorial development planning are in place.

KIS CONTRIBUTIONS:

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<ul style="list-style-type: none"> • UNFPA assist NSC in transfer to 2-year planning cycle⁶⁶⁹; • Multidisciplinary expert groups assist UNFPA in defining strategy in SRH area⁶⁷⁰; • PBF proposal preparation used evidence-based approach and addressed development needs and UNFPA CP⁶⁷¹; • Monitoring of legislation, protocols, service provision, impact of guidelines/ manuals prepared with UNFPA assistance help to identify gaps, new issues and areas for support, advocacy and communication strategies, point of improvement, etc.⁶⁷²; • Results of the work with the National Statistics Committee and the eHealth Center for Statistics and Open Data are visible (information has become more accessible to users)⁶⁷³; • A National Family Planning Action Plan through 2024 and a 5-year plan to gradually increase government funding to meet 50% of the needs of women at high medical and social risk of maternal mortality through 2023 were developed⁶⁷⁴; • A five-year contraceptive procurement plan for at-risk women through 2023 was developed (not approved due to the rather large sums involved in the economic calculations, but this document was later used to develop the National Action Plan); a National Family Planning Action Plan was developed and approved by order of the Ministry of Health⁶⁷⁵; • An intradepartmental Maternal, Newborn, Child, and Adolescent Health Program was developed, but it was not approved due to emergencies in the country (COVID-19, political barriers-restructuring the Ministry of Health)⁶⁷⁶. • Developed and submitted to the Ministry of Health an action plan to improve the supply chain of medicines⁶⁷⁷; • The National Action Plan on Family Planning includes, to the maximum extent possible, all of the country's current needs⁶⁷⁸. • The UNFPA made a great contribution to improve the National data collection systems and conducting surveys. A big impact was made through UNFPA prompt response to changes in national developments, such as an urgent crisis related to bride-kidnapping and eliminating gender-based violence against women and girls in Central Asia⁶⁷⁹; • UNFPA is very quick and reactive in providing responses or organizing a meetings among state entities in order to address women’s problems; • The uniqueness of UNFPA is the amount of women that work with the UNFPA, where a majority are women⁶⁸⁰. 			
<p>Ongoing mechanisms for the integration of population data in national and sectorial development planning are in place</p>	<ul style="list-style-type: none"> • Level of budgetary resources allocated (by the government) for integrating population dynamics, reproductive health and gender in development planning • Level of operationalization and institutionalization of policy frameworks, standards, guidelines and administrative procedures for integrating population dynamics, reproductive health and gender in development planning • Existence of cross-sectoral/cross-ministry working groups on data integration 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D, SRH, GE project reports • NSC staff and publications • MoHSD staff • United Nations Statistics Task Force terms of reference • Training participants • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Annual reports from MoHSD, MoES, need assessment, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems • Interviews with MoHSD, MoES and municipalities staff • Online survey
<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • UNFPA Country Programme Document for Kyrgyzstan 2018-2022 • UNDAF 2018 - 2020 • UNFPA Strategic Plan 2018-2021 			

- UNFPA annual workplans and reports, 2018-2020
- UNFPA – Kyrgyzstan website

KIS CONTRIBUTIONS:

- Evidence-based data / research/ studies collection for proposal preparation, integration of UNFPA programme areas, staff meeting, etc. developed within CO for fast response and use data for decision-making⁶⁸¹;
- Monitoring system on beneficiaries of contraceptives was developed⁶⁸²;
- There is a need for better integration of programmes areas among analytics, but it is about resources for an individual programme and often ideas are left as ideas and were not transferred into project/ programme⁶⁸³;
- Provision of systematic trainings to the governmental staff in order to build better capacity for data understanding and analysis⁶⁸⁴.

EQ 5 (Efficiency): To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA country programme?

<p>Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner</p>	<ul style="list-style-type: none"> • Evidence that the planned resources were received to the foreseen level in CPAPs • Evidence that resources were received in a timely manner • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) • Working group members/multi-stakeholder platforms 	<ul style="list-style-type: none"> • Document review: annual reports from partner ministries, and implementing partners, audit reports and monitoring report • Document review: financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff • Interviews with implementing partners (ministry level/secretariat general-level staff) • Interviews with UNFPA CO • Beneficiaries of funding (including NGOs)
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DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNFPA annual workplans and reports, 2018-2020
- UNFPA IPs proposal/ reports, 2018-2020
- ATLAS data

An analysis of UNFPA annual reports, IPs' reports, and work plans shows that resources were used effectively. Most of the activities were implemented as planned and with efficient

use of resources. Almost all indicators were achieved. When analyzing IPs' reports, it is noted that some planned activities were cancelled (for example: In KFP reports in 2018: KGZ04KFP/HREFORM, KGZ04KFP/FPMONIT, KGZ04KFP/IUDIN, KGZ04KFP/RTCLINPROT, KGZ04KFP/HREFORM, in 2020 - KGZ04KFP/FPMONIT, KGZ04KFP/IUDIN, KGZ04KFP/RTCLINPROT, KGZ04KFP/ WORKSHOP), or deferred to another year and budget review (for example: KGZ04KFP / CEMDSECOND⁶⁸⁵; KGZ04KFP / REFERRAL; KGZ04KFP / FPBUDGET⁶⁸⁶), however, it is not indicated why this was done. In KFP reports, some activities were postponed to the next year, but no reasons for the postponement are given (examples given earlier), Red Crescent, Mutakalim, and Kyrgyz Indigo had each activity transfer explained. All reallocations of resources, where indicated, have been justified. In 2020, the postponement/revision of events or the format of events, followed by the redirection of funding, was related to the COVID pandemic emergency.

UNFPA interventions under the SRH component are implemented through regular partners with whom UNFPA has been working for many years: these are the NGOs Kyrgyz Family Planning Alliance, Red Crescent, Mutakalim, Kyrgyz Indigo. For 2018-2020, \$786,617 was allocated to the main implementing partners (without Mutakalim)⁶⁸⁷. Other permanent partners of UNFPA for the SRH component are the Parliament, Government, Ministry of Health, Mandatory Health Insurance Fund, Ministry of Emergencies, professional associations.

Based on review of financial documents, stakeholder interviews, and a review of Annual Work Plans, the UNFPA Gender and Gender Based Violence Area has made excellent use of its human, financial and technical resources. This strategic plan is the first of three UNFPA strategic plans leading to 2030. It describes the transformative results that will contribute to the achievement of the Sustainable Development Goals, and, in particular, to good health and well-being, the advancement of gender equality, and the empowerment of women and adolescent girls, with a focus on eradicating poverty. The strategies introduced in the strategic plan are evidence-based and take into account the lessons learned from previous plan cycles. They are designed to further enhance organizational effectiveness and efficiency and United Nations system-wide coherence, as well as strengthen the UNFPA integrated results and resources framework and the UNFPA business model⁶⁸⁸. For effective implementation set goals, UNFPA collaborates with local organizations that work with affected, vulnerable groups directly. Local CSOs have capacity and experience in working with beneficiaries and close working relationships with government agencies. Cooperation with local implementers has a long-term basis. According to the provided data since 2018. Funding of these organizations is implemented in accordance with UNFPA procedures. Analysis of documents showed that the beneficiaries receive resources on time and achieve the set indicators and targets in accordance with the deadlines. The work plans signed between UNFPA and implementers, reports on implementation of these plans are evidence of this. For example:

- Workplan between UNFPA and Association of Crisis Centers (KGZ04ACC Revision III 2020). Expected Programme Output 5: Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender based violence in the development and humanitarian context. Estimated Total WP Budget (all years): 132,634 USD⁶⁸⁹
- Workplan between UNFPA and Public Fund "Center of Research of Democratic Processes" (KGZ04CDP 2020 Revision III). Expected Programme Output 5: Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender based violence in the development and humanitarian context. The Project "Strengthening national capacities to improve prevention of, and responses to Gender-Based Violence in Central Asia" funded by the UK Conflict Stability and Security Fund (CSSF) is focused on strengthening multi-sectoral prevention and response to GBV (including establishment of Coordination body responsible for MSR to GBV), implementing essential services packages for victims of GBV through institutionalization of SOPs and involving men and boys into gender equality and introducing changes in the administrative statistical forms related to youth. Estimated Total WP Budget (all years): 179,727 USD⁶⁹⁰

Evidence-based policy formulation, implementation and advocacy Improved evidence based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations Indicator: Training module on coordination of GBV in emergency is developed. Indicator: Legislation on protection from domestic violence is operationalized and endorsed. Estimated Total WP Budget (all years): 52,000 USD⁶⁹¹. UNFPA evaluations continue to demonstrate an overall improvement in quality. In 2020, 62 per cent of evaluations at UNFPA received a rating of 'very good', achieving commendable gain from its level of six per cent in 2014. These high quality evaluations provide credible evidence and lessons to inform the design of the new Country Programme Documents as well as the forthcoming Strategic Plan 2022-2025, particularly as the Fund intensifies its efforts to respond to and recover from the COVID-19 pandemic and reach the furthest behind first⁶⁹².

KIS CONTRIBUTIONS:

- IPs both civil society and governmental was selected for 5 years (CP implementation period) on competitive basis and contracts were signed. Annual plans were designed and agreed with IPS as well as format for narrative and financial reporting. Everything was done in timely manner. There was one incident with CSO that was selected as IP, all contract negotiation was concluded but contract was not signed without explaining reason for it (it was guessed that it happened as of change on CSO leader – was woman and man became and it was GE project)⁶⁹³;
- Due to the mandate, UNFPA keeps a very neutral position in any problem-solving process. However, due to some non-transparent activities (example: tender winners' selection) of governmental agencies, UNFPA should reform its approach to monitor and control money expenditure of the fund recipient party. It is necessary to introduce better tools for monitoring quality of logistics, quality of replication and efficient allocation of resources.⁶⁹⁴
- UNFPA should take into consideration introduction of digital technologies. Such approaches will help to monitor healthcare system and the project more effectively.⁶⁹⁵
- It is complicated as of ATLAS as budget connected to programme plan that makes introduction of changes quite a challenge⁶⁹⁶;
- There was some bureaucracy, but now everything is very easy only public information should be approved by UNFPA⁶⁹⁷;
- Annual planning is very good approach as we know fund size for a year and can be flexible in implementation; very good orientation session on how to implement and report; ontime funds transfer only with one delay as UNFPA partners (UNDP, UNICEF) were late with their parts of report; unlike other UN agencies, UNFPA does everything ontime and work very effectively with IPs⁶⁹⁸;
- There is a need to strengthen IPs' organizational and project management capacity⁶⁹⁹;
- Small budget, but they try to use it efficiently. No delays in funding when working with implementing partner, office staff help them do reports. In 2020 there was a reallocation of resources related to the COVID-19 pandemic⁷⁰⁰;
- UNFPA is good at consolidating people/experts around itself, each contributing to the overall work. The office staff can create a good working team - this is a big plus for UNFPA. Financial resources are used efficiently - contribution to institutionalization of SRH and HIV issues. There were no complications with reporting and payments for work, as goals were clearly set, there was technical control from the office - if necessary they gave a referral, etc.⁷⁰¹;
- Working teams were made up of competent people, each of whom could contribute to the overall work. It is difficult to fill in the P11 form for registration in the UNFPA Registry, it takes a lot of time⁷⁰²;
- Worked through an implementing partner. Resources were used effectively: all activities and approaches were transparent, with appropriate preparation, and with reasonable savings⁷⁰³;
- Relatively small funding, but a lot of bureaucratic issues (more than other international organizations): filling out forms P11, Atlas system, requires a lot of documents for coaches (difficult to implement, given that it concerns key groups - education, coaching skills to participate in the competition, etc.). On the one hand - all this is disciplined, but very burdensome and time-consuming, we need to simplify procedures for more efficient operation. Training on the Atlas system was conducted, but the language is complex, the material is difficult to understand, it is desirable to make trainings for implementing partners simpler, more interesting, longer in time⁷⁰⁴;
- All resources are used efficiently: before starting any joint work, everything is discussed and negotiated in detail with national partners, which contributes to more efficient work and better achievement of results. Involved experts (external/internal) help to better prepare the developed national guidelines, protocols, etc.⁷⁰⁵;
- Quite narrow focus of UNFPA's work allows to carry out activities more specifically and more effectively⁷⁰⁶;
- Compared with other international agencies UNFPA in the top three most effective, due to a clear mandate, the relatively small size of the agency, the chosen direction - important in health care (they always want and will work with them), competent management, listen to the point of view of experts, but there are "blind corners" - rigidity/insensitivity to changes in external environment (like all big institutions), a lot of reports, bureaucracy («like a squirrel in a wheel» - you need to stop and think)⁷⁰⁷;
- There is a problem in communication between UNFPA and the Ministry of Health, so it is difficult to say how efficiently resources are used. This issue has been voiced. The wish is to improve communication in this direction, so that there is trust and more coordinated action in some issues⁷⁰⁸;

- There is not enough trust in national implementing partners - working with UNFPA, they start working like a logistical organization without the ability to change anything if they do not agree with something. More freedom should be given to implementing partners. The process of submitting reports for implementing partners is quite bureaucratic and there have been delays in funding. Sometimes there are situations where bureaucratic rules and funding rules affect the quality of program implementation. In those activities in which we were involved - resources were used quite rationally. Payment to experts is decent, motivates to work, but quite low standard of payment for national coaches, which over time will lead to a loss of quality in the coaching groups⁷⁰⁹;
- There were no difficulties with reporting / delays in funding. Clear organization of work: all moments / details are negotiated, planned, takes into account the safety of trainers, the conclusion of the contract. All this disciplines. The events were carried out effectively - UNFPA approaches the selection of experts very carefully⁷¹⁰;
- Cancellation / postponement / revision of the format of events and reallocation of resources were justified: political moments, COVID-19 pandemic, restructuring of the Ministry of Health. There was unjustified cancellation of the planned event due to procedural issues (issue of communication between UNFPA and the Ministry of Health)⁷¹¹;
- UNFPA was not given a clear format for the reporting that needs to be done with the Atlas system, which makes it difficult to submit the report on time and difficult to translate. There was only one 2-day training on the Atlas system, it was difficult to understand all the technical points. If there are problems, colleagues from UNFPA try to help in correcting and introducing reports⁷¹²;
- IP is very limited in capacity, there is no freedom of action, in fact, is engaged only in the logistics of events (goes into the background), not the promotion of the program part - this creates discomfort in the work, hinders, does not allow to develop the potential of the IP staff, does not expand the pool of national experts involved in the implementation of UNFPA activities. It is necessary to give more freedom of action, trust: the opportunity to analyze, choose experts, organize events, etc.⁷¹³;
- Activities are effective and demanded, however, the Ministry of Health does not have a clear vision of the structure, strategic direction / document on issues related to reproductive health (those good initiatives / work in which funds have been invested are disintegrating)⁷¹⁴;
- There are cases of delays in the transfer of funds. It is difficult to solve questions on the possibility of changing funding - we need to be more flexible in this matter, improve communication, discuss with implementing partners so they know the limits / possibilities of changing funding; There is a need for targeted trainings for implementing partners to increase their capacity (to discuss issues/directions together)⁷¹⁵;
- There were no difficulties with reporting / delays in funding. The work was carried out as planned, efficiently/ Good selection of workgroup members - everyone contributed something, good organization of work/meetings, timely provision of all necessary materials to the workgroup contributed to the effectiveness of the work/ Activities were carried out qualitatively, clearly, correctly, efficiently⁷¹⁶;
- There is no clear coordination of international aid at the government/Ministry of Health level in the country. Only with clear coordination would it be possible to judge the results and talk about the effectiveness of the aid (what worked/what did not). The Ministry of Health and Social Development could take over the coordination of the part that concerns its sphere of activity (so that there is no duplication of work and "emptiness" in relation to other issues). Coordination could be one of the work blocks of the Office of International Cooperation (know who, where, when, in what support, how much, what indicators, achieved or not, etc.)⁷¹⁷;
- Resources are not always allocated based on real needs and requirements and to the extent that they are needed. This is not discussed with the end users (Ministry of Health). There was a case where the implementing partner formally approached the publication of the final product, which blurred all the results of the experts' work. The lack of transparency in the work through implementing partners also affects efficiency. UNFPA's focus on evidence-based practices in its work contributed to greater effectiveness. Involving a wider range of experts in big events/discussions would contribute to greater efficiency⁷¹⁸;
- There was close cooperation of all partners involved in the work. The activities are effective, although very little money is allocated to these issues, it was possible to identify problematic issues, to try to solve them together⁷¹⁹;
- Capacity building of NGO staff during the work conducted, with a focus on youth of key groups, allows active involvement in UNFPA-supported activities (gained skills, experience, vision of the issue). Providing the opportunity to participate in international workshops/places provides the opportunity for new working relationships, support

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from other international partners - this is an important resource for the further development of the organization. **This is one of the positive** examples when an international organization was able to sensitively, correctly, successfully influence the growth of the capacity of the partner organization and its sustainability in the future⁷²⁰.

- UNFPA has little bureaucratic and systematic constraints and is very adaptive to any changes and recommendations. ⁷²¹
- UNFPA provides very good capacity building support in the framework of data platform usage. ⁷²²
- UNFPA makes an important job in organization of call centers in the regions⁷²³.
- We need materials, presentations in Kyrgyz⁷²⁴
- A big contribution of UNFPA was made by the design and development of videos, handbooks, booklets and legislation of a long-term project outcomes. Media support that UNFPA provides is very effective. Most of the materials and video bring sustainability to the future independent work of state agencies⁷²⁵.
- UNFPA has supported partners to integrate the management of gender quality in organizations. At the policy level, UNFPA played a significant role in supporting partners to address gender barriers to sexual and reproductive health. In view of social understanding, gender issues of relevance to more vulnerable youth and women that have been insufficiently addressed, including those faced specifically by adolescent girls⁷²⁶.
- In the subsequent and still on-going project implementation and all efforts, UNFPA has integrated an increased focus on working with faith-based organizations and religious leaders and has strengthened the humanitarian component of the country programme ⁷²⁷.
- The religious aspect is mainly covered by in the capacity-building and children education component. Evidence-based policy formulation, implementation and advocacy Improved evidence based policy formulation, implementation and advocacy for sexual and reproductive health and reproductive rights, gender equality, with a focus on women and young people, including vulnerable and marginalized populations.⁷²⁸
- For a project, the implementation period of 8 months is not enough, it takes a 1 year or a 1,5 year. In addition, there is specificity for each key group, which is important to consider when conducting events⁷²⁹.
- The result of work, which gives sustainability, can be considered not only what we teach, inform women with HIV AIDS, but also talk about the development of the civil society, about positive deviance, involve women in activism, increase their capacity building⁷³⁰.

ONLINE SURVEY

Please **tell to what extent you agree or disagree** with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

20. The resources were received by the beneficiaries of UNFPA support in a timely manner according to project time lines and plans, or plans adjusted accordingly, N=29	3.68
21. The resources provided by UNFPA have had a leveraging/ triggering effect , N=33	4.10
22. The mix of implementation modalities allow for a smooth execution of the country programme as set out in the annual work plans (WPs) and agreements with partners, N=31	3.97
23. The country office was able to adapt the level and the allocation of its resources with a view to mitigating the consequences of the COVID-19 crisis ? N=29	3.59
24. UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) foster or, on the contrary, impede the adaptation of the country programme to changes triggered by the COVID-19 crisis? N=28	3.46
25. UNFPA appropriately used innovative technologies to respond to the COVID-19 crisis and mitigate its effects? N=27	3.22
The resources provided by UNFPA have had a	<ul style="list-style-type: none"> • Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government • UNFPA (including finance/admin departments) • Document review: annual reports from partner ministries, and

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<p>leveraging effect</p>	<ul style="list-style-type: none"> • Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners, including other donors or INGOs • Evidence of coordination and complementarity among the UNFPA country programme components and the programme's implementation • Evidence of coherence among government ministries and UNFPA mandate areas 	<ul style="list-style-type: none"> • Partners (implementers and direct beneficiaries) • Others activists/groups working on GBV and gender equality in the same space as UNFPA (that are not implementing partners) • Working group members/multi-stakeholder platforms on gender equality/women's rights and GBV 	<p>implementing partners, audit reports and monitoring reports</p> <ul style="list-style-type: none"> • Interviews with ministry level • Document review: financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff • Beneficiaries of funding (including NGOs) • Interviews with UNFPA CO
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DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNFPA annual workplans and reports, 2018-2020
- UNFPA IPs proposal/ reports, 2018-2020
- ATLAS data

As a result of UNFPA-supported advocacy efforts, "as part of the Family Planning 2020 initiative, the Ministry of Health for the first time included contraceptives in the procurement plan in the amount of **3.2 million KGS in the 2018 state budget**. State funding for the procurement of contraceptives for 2019-2020 is increased to 4.2 and 5.2 million KGS respectively, in accordance with the country's commitments" ⁷³¹.

During the COVID19 pandemic, UNFPA handed over to the Ministry of Health of the Kyrgyz Republic, as part of a joint UN project based on United Nations funds, personal protective equipment for 20 health facilities (Bishkek, National Centre for Maternal and Child Health, Naryn and Osh oblasts) to prevent the spread of coronavirus worth **\$274,990**. This delivery was made possible through a project funded by the **UN Multi-partner Trust Fund**, which was established to support countries in overcoming the health crisis and socio-economic impact caused by the COVID19 pandemic. At least 1910 health workers covered with PPE, of which approx. 70% female and 30% male⁷³². 1089 health workers trained on PPE and 4000 nurses trained online. In 2020, UNFPA has received funding from **FP2020** for the project "Strengthening Kyrgyzstan's commitment to Family Planning" in the amount of **\$148,458** for activities to achieve the country's commitment to accelerate progress in family planning and ensure the reproductive choice rights of every citizen under the Family Planning 2020 initiative⁷³³. Part of the plan's activities has been revised to reallocate funds during the pandemic to the development of information materials (brochures and key messages) on COVID19 precaution with aspects on Family Planning⁷³⁴. In 2020, **the Swiss Embassy** in the Kyrgyz Republic supported the government's response to the COVID-19 pandemic by providing funds through UNFPA to purchase the necessary personal protective equipment, amounting to **\$200,000**, which was handed over to the Ministry of Health.

The SRH component, including HIV, is **inextricably linked to and mutually reinforcing** with other programme components, such as youth, gender-based violence and population and development. With the support of UNFPA, the annual statistical compendium "Women and Men in the Kyrgyz Republic" has been produced and made publicly available. (National Statistical Committee), which provide both demographic data and data on SRH, FP and HIV, as well as gender-based violence by sex and age groups. Lack of awareness among young people on RH, Healthy Lifestyles and HIV, fear of stigmatization, provision of RH and FP services without sensitivity to young people, limit their access to RH services. UNFPA interventions included SRH and HIV education for women living with HIV, young people and people from key populations (LGBT, MSM, SR and PWID), including condom use for triple protection (STIs, HIV and unintended pregnancies). The institutional capacity of specialists at the Kyrgyz State Medical Institute of Continuing Education, service providers,

AIDS Centres to provide integrated SRH and HIV services, including for vulnerable populations and gender-based violence, has been strengthened. UNFPA supports activities aimed at developing leadership, activism, and meaningful participation in SRH and HIV programs by young people from key populations, including annual training camps for youth. The Health Toolkit was included in the Madrasah curriculum in Kyrgyzstan, which was approved by the Muftiyat. 120 madrasa teachers were trained to use the toolkit to provide madrasa students with information on healthy nutrition, hygiene, reproductive health, family planning and other health-related topics⁷³⁵. Under UNFPA advocacy efforts, emergency contraceptives have been included in the list of life-saving commodities provided under the State Guarantee Programme and health organisations can prescribe them as an emergency treatment in cases of violence to prevent unwanted pregnancies⁷³⁶, Guidelines for public health professionals on responding to sexual violence during emergencies was developed⁷³⁷ and other. Teens and young adults were trained to use the SRH mobile app⁷³⁸.

UN support to the Government of the Kyrgyz Republic (including to UNFPA) is enshrined in and based on the UN Development Assistance Framework 2017-2022 (**UNDAF**) for the Kyrgyz Republic 2018-2022. Country programs for Kyrgyzstan always jointly develop by UNFPA and the Government in close consultations with national partners including civil society partners. UNFPA is supported by the Government of the Kyrgyz Republic and the Ministry of Health. Other ministries and agencies through activities aimed at achieving SDGs 3, 4, 5, 10, 16, 17.

During the COVID19 pandemic, a Coronavirus Response and Early Recovery Plan was developed and approved the Coronavirus Response and Early Recovery Plan (COVID-19) for liaison **between the Government of the Kyrgyz Republic and the Emergency Response Coordination Group** has been developed⁷³⁹. According to this Plan, the ERCG⁷⁴⁰, in support of the priority sectors of the Government of the Kyrgyz Republic, will prioritise and direct its support to six priority sectors: early recovery, education, food security and logistics, health, protection, and the joint sector on water sanitation and hygiene and non-food commodities. The action plan specifies the activities UNFPA will support: "Design, print and distribute materials: A brochure for pregnant women on the risks of COVID-19, symptoms, transmission; maternity hospital contacts when COVID-19 is suspected"; "Public awareness raising on COVID-19, related stigma and discrimination with a focus on high risk groups through outreach volunteers; Information materials on prevention of unwanted pregnancy (family planning), HIV and STIs"; "Information materials for primary health care workers on standard operating procedures in cases of gender-based violence, COVID-19, with a list of shelters, crisis centres, advocates" and other⁷⁴¹. And UNFPA successfully implemented these activities, revising some planned activities and mobilizing partners' resources.

Preliminary financial data for three years (2018-2020) of the 4th country programme. So far, 99.65% out of committed \$2.5 millions of regular resources are allocated to 4 components and Programme Coordination and Assistance including SRH, gender equality, youth and population dynamics. In three years UNFPA Kyrgyzstan has managed to raise more than half (156.87%) of needed \$ 2.45 million from other resources. Despite of decreasing trends in attracting Other than Regular UNFPA resource, the amount of raised other funds is greater than committed regular resources (\$3,843,298 of OR v. \$2,491,316 from RR). 2018 was the year when expenditures (both from RR and OR) for 3 programmes (SRH, Gender equality and PD) were the lowest in comparison during 3 years. During 2019 the office managed to attract mobilized other resources for PD, Gender and Youth thus, the expenditure under these programmes increased accordingly, in particular for PD. Financial report of Kyrgyzstan 3.2.2 The 4th Country Programme financial structure

UNFPA jointly with UN Women, UNICEF, UNDP, UNODC under coordination of UN RC launched a regional multi-year EU-funded initiative to eliminate all forms of violence against women and girls (VAWG), including harmful practices (HP), and aims at achieving transformational change. It galvanizes political commitment at the highest levels and contributes to achieving the Sustainable Development Goals (SDGs), and more specifically Goal 5 on Gender Equality. It provides a model for a partnership with donors, civil society, and all relevant UN entities, to deliver on the SDGs in a comprehensive manner leveraging comparative expertise. Spotlight Initiative will focus its work on SGBV against women and girls through six key pillars: strengthening, developing and implementing relevant legislation and policies; strengthening national and sub-national institutions; preventing violence through evidence-based programmes and campaigns; ensuring the collection and use of prevalence and incidence data; strengthening or establishing essential services for victims / survivors; and partnering directly with women's movements and civil society. **Estimated Total WP Budget (all years): 645,780 USD⁷⁴²**

In the frame of Spotlight initiatives UNFPA works with: 1) Association of Crisis Centers (Outcome 2 - 54 000 \$, Outcome 4 -30 000\$) and 2) Center for Research of Democratic Processes (Outcome 3 - 50 000\$, Outcome 4 -80 000\$). Spotlight Initiative has allocated \$200,000 to address the immediate needs of women experiencing violence in the Kyrgyz Republic during the pandemic, and is working with partners and crisis centres to provide alternative safe spaces during quarantine. It is also in discussions with the government to

reopen crisis centres as essential services and is providing psychosocial support throughout the pandemic via online channels and emergency hotlines. The Spotlight Initiative also partnered with the **Association of Crisis Centers**, which serves as an umbrella organisation to improve the work of crisis centers across the country. This partnership was crucial to ensure outreach to multiple crisis centers and support work on their institutional development, as well as coordinated response during the COVID-19 pandemic⁷⁴³.

UNFPA worked with UK Conflict, Stability and Security Fund (CSSF) Central Asia on strengthening national capacities to improve prevention of, and responses to Gender-Based Violence (GBV) in Central Asia. Total budget of the project is 750 000 GBP.

The Ministry of labour and social development of the **Kyrgyz Republic** hosted a high level Round Table meeting to discuss the endorsement and further institutionalization of the multi-sectoral response to prevent and address GBV/domestic violence. In 2019 the Government issued a decree to appoint a responsible body to coordinate the response to GBV/DV. As a result of the round table, high-level representatives of health care, law enforcement and social service providers developed a joint vision on how to coordinate their activities. The project also succeeded to advocate and integrate the “positive masculinity: module in the manual of Madrasas in Kyrgyzstan. The State department of religious affairs and Muftiyat expressed their interest to continue educating Madrasa teachers to provide classes on positive masculinity⁷⁴⁴.

Addressing Social Disparity and Gender Inequality to Prevent Conflicts in New Settlements United Nations Peacebuilding Support Office (PBSO)/ Peacebuilding Fund (PBF).

Beneficiaries of UNFPA support received the resources that were planned earlier, to the level foreseen and in a timely and sustainable manner. Thus, the use of human and financial resources is implemented effectively. As a part of peacebuilding efforts UNFPA has worked with women, young people, native self-governments, religious leaders and non secular establishments to create a trust, stop conflicts and sustain peace within the country. UNFPA is presently acts as a number one agency and coordinative a joint project, enforced by UNFPA, UNDP, UNICEF, UNODC that addresses problems with radicalization resulting in violent political theory among girls and women (within GPI, part 2). All the resources are delivered to the target groups on timely manners.

Promoting Social and Gender Equality to Promote Peace and Harmony in Residential Areas is a joint project of UNFPA in partnership with UNICEF and UNODC”. Through the efforts of the mayor's office and communities, UNFPA ran 11 small projects to improve the infrastructure of residential areas. For a total of 4,293,360.54 soms was spent within the scope of this project. 2,124,817.54 KGS contribution, 968 543 KGS contribution of the citizens, and 1,200,000 Bishkek Mayor's Office contribution 27.95%. This statistic show that the third party, beside the UNFPA and government contributed financially, thus, made the expenditure of UNFPA spent in efficient manner.

The United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic, 2018-2022 2018-2019 Joint Work Plan. The assessment evaluated the usage of resources and assets under performance. Beyond the donor's responsibility for the management of human and financial resources, the efficiency criterion provided insight into UNFPA's real capacity. Statistics show how funds were put to efficient use. The total planned budget of \$1,561,938.00 does not exceed the available fund of the UNFPA for project implementation.

Authorized spending Limit Reports in 2019, 2020, 2021. Analysis of the authorized spending, the original amount of expenditures in the 2019, 2020, 2021 did not exceed the previously approved budgets. UNFPA has built an effective partnership with State agencies, Ministries, NGOs, SMEs and other external donors. As a result, several projects were funded by different agency.

Strengthening national capacities to improve prevention of, and responses to Gender-Based Violence in Central Asia for 2019-2022 project, funded by: UK/CSSF in amount (KYR) of \$ 63,091.38 in 2019 and \$88,850 in 2020. Partners: Government of KR (National gender council, Ministry of health and social development, Ministry of interior, state commission on religious affairs; Ministry of education and vocational schools); CSOs (CRDP, Association of crisis centers, DIA, Mutakalim); Muftiyat.

Summary on UNFPA CO resources:

- **HR:** Annual retreat and team building; RBM implementation starts in 2020; CO learning plan by CP/Regional strategy; but lack of operational staff and M&E;
- **Experts:** good but limited number of local ones
- **IPs:** +competitive selection for 5 years; +supportive implementation; +/-reporting as of weak IPs' capacity
- **Funds:**
 - Near **16 projects**;

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<ul style="list-style-type: none"> • Financial commitment: RR - \$2,500,000; OR - \$2,450,000 • As of 2021 % from Committed resources: RR - 99.65%; OR - 156.87% • Mobilized: RR (\$138,700) and OR (\$4,784,119) from UNAIDS EF, EU, UK, PBF, and UNFPA regional office; Ukraine and KR leaders in mobilizing OR; • Distribution of CO/CP budget responsibilities; • In 2020 PPE worth of \$0.5mln were purchased; 			
<p>Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the country programme</p>	<ul style="list-style-type: none"> • Appropriateness of the UNFPA financing instruments, administrative regulatory framework, staff, timing and procedures for the implementation of the programme, including outputs specifically related to gender and human rights as well as those with gender and human rights dimensions • Evidence of transparent IP selection process • Evidence of appropriateness of the IP selection criteria • Evidence of the coordination and complementarity features of the implementation of the country programme 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> • Annual reports from partner ministries, and implementing partners, audit reports and monitoring reports • Interviews with ministry level/secretariat general-level staff • Document review of financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff • Interviews with / survey of a diversity of implementing partners • Interviews with UNFPA CO
<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • UNFPA Country Programme Document for Kyrgyzstan 2018-2022 • UNFPA annual workplans and reports, 2018-2020 • UNFPA IPs proposal/ reports, 2018-2020 • ATLAS data <p><u>KIS CONTRIBUTIONS:</u></p> <ul style="list-style-type: none"> • Unlike other UN agencies, UNFPA was the only agency working with/ through implementing partners (now UNICEF started this approach as well). UNFPA IPs include CSOs and national government agencies, like NSC (that is very rare). This approach builds IPs organizational and project implementation capacity and ensures smooth and effective execution of CP⁷⁴⁵. • COVID-19 challenges include: online work, less direct communication with and visits to IPs and partners, delays in some activities for 2-4 months, learning new online applications (Zoom, Teams, etc.), more work for CO and, sometimes, less responsibility of meeting deadlines⁷⁴⁶. "Online work - meeting, meeting, meeting"⁷⁴⁷; • The UNFPA office does not have enough operations staff. Given the increase in the volume of technical work, to ensure timely and quality program service, additional: 1 unit of financial assistant and 1 unit of operations clerk, 1 unit of specialist on monitoring and evaluation are needed. Ideally, given experience, a separate administrative and financial assistant (to perform operational work) is needed for each project that is created at the expense of donor funds⁷⁴⁸; 			

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- It is necessary to strengthen the work on the integration of components within the country office (the work is currently underway, but weak)⁷⁴⁹;
- There is a need for an additional unit of staff for a monitoring and evaluation specialist⁷⁵⁰.
- The country office has a learning plan and the office funds are used to capacity building of implementing partners. It is necessary to change the vision of IP, they are not an organization serving UNFPA, otherwise there will be no stability. The UNFPA mission must be shared by IP, they are the ones who articulate the needs⁷⁵¹.
- UNFPA has to limit number of its procedures (administrative policy) for approval and justification, which requires a long time for processing. “More time is spent on administrative rather than program related activities”⁷⁵².
- Selection of implementing partners is open, on a competitive basis⁷⁵³
- Capacity building of the staff of implementing organizations themselves is required⁷⁵⁴

EQ 6 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government, development partners, CSOs and private sector allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

<p>UNFPA interventions have contributed or are likely to contribute to ensure partners’ ownership and the durability of effects</p>	<ul style="list-style-type: none"> • Planning of interventions has been done together with partners, including implementing partners working with affected communities, marginalized and vulnerable communities and final beneficiaries • Exit strategies to hand over UNFPA-initiated interventions to (local) partners have been developed during planning process • Partners’ capacities have been developed with a view to increasing their ownership of the UNFPA-initiated interventions (integrated health services, commodity security, outreach services, youth-friendly services, life skills curriculum and tools) • A high-quality service culture has been developed among health professionals who benefited from capacity development interventions, including the capacity to address the varied/diverse needs of users • Life skills education and peer education interventions are sufficiently followed up so that quality education is delivered 	<ul style="list-style-type: none"> • Project strategy document • Minutes/reports from planning meetings with partners • Field visits • Partners’ work plans • Implementing partners 	<ul style="list-style-type: none"> • Document review • Interviews with /survey of Implementing partners • Interviews with health professionals • Interviews with teachers • Interview with diverse groups of service users • Online survey
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DOCUMENTS REVIEWED

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- UNFPA annual work plans and reports, 2018-2020

SRH: "The design of the 2018 - 2022 Country Programme was informed by the Theory of Change, developed collectively in collaboration **with national stakeholders**," including the SRH component. "The Country Office sought to ensure appropriate and broad representation of national partners from different areas of UNFPA's work in the country, youth, as well as non-traditional partners"⁷⁵⁵. All activities were coordinated with national partners, both government entities and non-governmental organizations. Joint planning with governmental structures on SRH component is confirmed by the fact that all activities (development of clinical protocols, activities on implementation of recommendations of the second CEMD report, curricula revision, training and others) were conducted **based on orders/ directives** of the Ministry of Health, a road map reflecting action plan on development and implementation of e-prescription was developed together with the MHIF⁷⁵⁶. Joint planning of activities with NGOs working on SRH component (Public Association Kyrgyz Family Planning Alliance, Humanitarian Organization Red Crescent, Progressive Public Association of Women Mutakalim, Public Association Kyrgyz Indigo) is confirmed **by annual joint work plans** for 2018-2020, signed by heads of these NGOs and UNFPA⁷⁵⁷. Non-governmental organizations represent the interests of vulnerable groups and have direct links with the end beneficiaries of services, which is reflected in the joint plans. The joint planning of activities with national partners shows their commitment to the work being done.

Clinical guidelines and standards for operating procedures, including the implementation of the recommendations of the second CEMD report, developed with the support of UNFPA, were approved by orders of the Ministry of Health and **introduced in the training programs** of the Kyrgyz State Institute of Retraining and Professional Development (KSIRPD). A training program for KSIRPD "**Modern methods of contraception**" and «**Integrated SRH and HIV services for key populations**» **were developed and introduced into the training cycle**, a training manual for teachers and a training manual for providers of FP services were developed⁷⁵⁸. **MHI Fund specialists were trained** to monitor the quality of medical services in health care organizations in accordance with the new guidelines⁷⁵⁹. With the support of UNFPA, the MHI Fund in all regions of the republic **implemented** a special interface of **the online database "Electronic Prescription"**, developed on the SimBase platform, which provides easy and immediate access to prescriptions for drugs, including contraceptives, within the Additional Drug Package (ADP) of state guarantees at the primary health care level⁷⁶⁰. With the support of UNFPA, the e-Health Center of the Ministry of Health of the Kyrgyz Republic has developed an **electronic database "Register of women of reproductive age in the medico-social risk group"** based on the DHIS2 platform, which is currently being tested in health organizations in Bishkek (the database will provide data on the exact number of women of reproductive age in the medico-social risk group, on their use of contraception, on the real need for contraception for this category of women, will allow visualization of data and more)⁷⁶¹. With the support of UNFPA, **plans were developed to improve the quality of medical care in three maternity hospitals in Bishkek and the City Children's Clinical Hospital of Emergency Medical Care** within the additional funding of the MHI (2018-2019), in accordance with which the emergency departments were restructured to ensure safety, the needs of women in labor / delivery / children, a clear routing of patients, improved patient-centered conditions in the Short Stay Department of the Children's Hospital were developed⁷⁶². All Oblast AIDS Centers are identified as institutions for the provision of **integrated HIV and SRH services to key populations**, and the Republican and Oblast Dermatovenerology Centers are identified as institutions for the provision of STI-friendly integrated HIV and SRH services to key populations. An online course on the provision of integrated HIV and SRH services to key populations has been developed and **implemented in the training programs** of the KSIRPD⁷⁶³. **Approved** by the MOH of the Kyrgyz Republic **methodological guide "Health System Response to Gender-Based Violence during Emergencies"** (2021)⁷⁶⁴.

In order to build the capacity of partners, with the support of UNFPA, **training sessions were conducted for health care providers on the new clinical protocols** developed in accordance with the latest WHO recommendations, as well as **for MHIF experts** who will further monitor the quality of medical services, in accordance with clinical protocols (2018-2020). **Practical trainings for medical workers** in maternity hospitals (Bishkek, Osh, Jalal-Abad, Issyk-Kul and Chui regions) **on insertion of IUD** postplacental, postpartum and during caesarean section (2018-2020). Conducted **training for KSIRPD teachers on the FP monitoring tool**, which will be taken as the basis of the training module (2018-2019), as well as on testing the distance learning **course "Family Planning"** (2018). With the support of UNFPA, trainings on institutional capacity building on **program budgeting** for decision makers, international development partners and non-governmental organizations were conducted (2020), as well as to help improve the involvement of civil society in decision-making processes on budget formation on the example of the budget of the Ministry of Health of the Kyrgyz Republic. Conducted **SRH trainings for volunteers/young people** (2018) who will further conduct peer-to-peer outreach activities and assist in the promotion and dissemination of the SRH mobile app at local levels. Conducted **the Minimum Initial Service Package (MISP) training** to increase institutional capacity for health care providers and emergency department staff, including with simulations to improve MISP skills (2018-2019). With UNFPA support, **non-governmental sector representatives and key population leaders were trained on SRH and HIV** based on the Sexual and Reproductive

Health Guidelines for Key Populations and PLHIV (2018) to build their capacity to continue providing appropriate counselling services to the key populations they work with. **A mobile application was developed** to disseminate information about HIV and SRH to young key populations (2020). Training on provision of **integrated SRH and HIV services** to young key population and PLHIV (PLHIV) was conducted with **medical specialists**, (2018), **specialists of AIDS Centers** and **KSIRPD** (2019). Training **for women living with HIV** on SRH and reproductive rights (2020) and training for leaders working with key populations **to promote condom use for triple protection**: against HIV, STIs and unintended pregnancies (2020). Training based on **the "Health toolkit" for madrasa teachers and religious women leaders** was conducted, which includes topics such as vaccination, stress prevention, pre-hospital care and others (2020). During the COVID19 pandemic **60 volunteers** (VHC representatives, youth leaders and religious community) from Naryn and Chui oblasts were trained on FP, reproductive health care, danger signs during pregnancy, postpartum period in COVID-19 (2020) and worked with the population in the mentioned oblasts. **Information materials** such as a family planning poster, contraceptive methods and COVID-19 for health organizations have been developed with UNFPA support; booklet on dangerous signs during pregnancy and the postpartum period for women of reproductive age. The materials were printed and distributed to all regions of the country. A **"Psychosocial Support Guide for the Prevention of Emotional Exhaustion of Activists from Key Populations"** has been developed to prevent burnout for activists from key populations in crisis/severe conditions, including COVID19 (2020) and other activities⁷⁶⁵.

Gender: According to the Country programme document for Kyrgyzstan (2018-2022) UNFPA and the Government developed the fourth country programme in consultation with national stakeholders, including civil society, and it is aligned with national priorities and the Sustainable Development Goals (SDG). National partners and UNFPA have prioritized sexual and reproductive health and reproductive rights, with a focus on young people, which are essential for them to stay healthy, empowered and participate fully in the social, political and economic life of Kyrgyzstan. The country programme contributes to Kyrgyzstan's achievement of SDG 3 on good health and well-being, SDG 4 on quality of education, SDG 5 on gender equality and SDG 10 on reducing inequalities, SDG 16 on peace, justice and strong institutions. Based on the "leaving no one behind" principle, the programme will provide targeted support to the most vulnerable and marginalized to promote social inclusion and equity. These include: women and girls (who are at risk of child marriage and violence), those from rural areas and migrants, young people who are unemployed or not in formal education, disabled women, and people living with HIV. 18. The programme priorities reflect the comparative advantage of UNFPA as an effective advocate in supporting and advancing the sexual and reproductive health and reproductive rights of women and young people, and combating gender-based violence. The country programme will contribute to outcomes 2 and 4 of the United Nations Development Assistance Framework 2018-2022. UNFPA will focus its strategy on advocacy, knowledge management and capacity development in its assistance to the Government⁷⁶⁶.

UNFPA interventions could contribute to ensure partners' ownership and the durability of effects. According to the UNFPA Strategic plan 2018- 2021 over 85 per cent of the output indicators measure UNFPA support to national capacity development, in accordance with paragraph 21 of the Quadrennial Comprehensive Policy Review. Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination regarding gender issues. Planning of interventions has been done together with partners, including implementing partners working with affected communities, marginalized and vulnerable communities and final beneficiaries:

- The mapping of basic service providers was conducted by the Center for Research of Democratic Processes, which worked closely with basic service providers at the national and local levels, and engaged with a wide range of stakeholders, including beneficiaries, CSOs, and survivors.
- Methodical Guidance on social assistance to victims of domestic and gender-based violence by social development agencies and the authorized body for child protection was developed by Ministry of Labor and Social Development and the PF " Center for Research of Democratic Processes " with the participation of the Association of Crisis Centers and the Crisis Center for Abused Women "Chance-CC" within the framework of the UN Population Fund project in Kyrgyzstan with the financial support of the UK Government. It was accepted and implemented in practice by MTSD Order No. 10 on approval of methodological guidelines for social assistance to victims of family and gender violence by social development agencies and the authorized body for child protection.

The planning and implementation of the projects was done jointly with partners who work directly with the beneficiaries. The joint efforts were so effective, that unexpected positive results emerged. The positive impact of joint plans on the situation with safety, law and order encouraged the city authorities to initiate the development of a city joint plan of preventing offences. It will reflect the main priorities of district joint plans.

- The Parliament, Cabinet and the Ministry of Law Enforcement reflect the mechanisms of joint plans in bills being developed for the prevention of offences.
- Young people could self-organize 4 independent NGOs and association of youth “United Neighborhoods of Bishkek”
- Women could outsource about 1,2 million KGS from the Mayor’s Office and 1about 1 million KGS from the communities to co-fund community projects, infrastructure and advocacy activities focused on improving local dialogue and partnership

Project of promoting social and gender equality to strengthen peace and harmony in new settlements⁷⁶⁷.

Women Leadership Schools were organized for Women-religious leaders (WRL). The third day of the training was devoted to the planning of initiatives in the communities. Representatives of women’s committee and social workers joined the training at this stage or were present from the very beginning in other cases. Besides, representatives of internal affairs organs and particularly from the Service on Combating Extremism and Illegal Migration of/in the Ministry of Interior Affairs were involved as experts and trainers both during the Women Leadership Schools and during implementation of initiatives in the communities. WRL were directly and actively engaged in the implementation of events as part of their local initiatives and mobilized the local population. The coordinators helped the women with rehearsing speeches and preparing presentations. In most cases, experts were invited to speak about the respective topics, but the WRL and other participants still took to the stage and presented information about the project and the work they did. This has helped the WRL to perceive these activities as their own and to develop ownership to the project, and, respectively, to increase their motivation and responsibility. Engaging women religious leaders in PVE work in Kyrgyzstan (UNFPA, PBF, FTI)⁷⁶⁸.

Partners’ capacities have been developed with a view to increasing their ownership of the UNFPA-initiated interventions.

Strengthened national capacity to promote the rights of women and adolescent girls with focus on prevention and response to gender based violence in the development and humanitarian context

- Certification of GBV experts: Design the training programme for certification of GBV experts. Build a pool of qualified GBV experts at national and sub-national level, by introducing a certification process (CSO recommendation).
- Data sharing policy: Co-develop and integrate data sharing policy and ethical guides, create digital hub with data visualization to harmonize and assure quality data in NSC with different key partners. Strengthen the capacity of key partners (NSC, service providers within MSR, academia) to assure quality administrative data in different sectors and improve recording.
- ESP strategies for PWD: Implement strategies and strengthen the quality and delivery of services for women and girls with disabilities to access quality essential services through the adaptation of Guidelines for Providing Rights-Based and Gender-Responsive Services to address SGBV and SRHR, and roll out training package
- ESP referral mechanisms training: Development of the referral pathways for service providers through development of training packages
- Gender-transformative program: Gender-transformative Fatherhood programmes on the men role, gender curriculum content integration with gender equality and fostering healthy and equitable relationships in vocational and religious schools (madrassa) for adolescent boys, promote positive masculinities including work with social influencers (sports figures, local celebrities, etc.)

PBF projects include:

- Women and Girls as Drivers for Peace and Prevention of Radicalisation
- Addressing Social Disparity and Gender Inequality to Prevent Conflicts in New Settlements
- Communities resilient to violent ideologies
- Promoting Kyrgyzstan's youth cohesion and interaction towards UZB

KIS CONTRIBUTIONS:

- Preparation to census: 90% done, 27,000 people trained;

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<ul style="list-style-type: none"> • Promotion of Demographic concept and Activity Plan • Policy Briefs: 1) High population growth based on PSA; 2) Place of women in KR; 3) PSA and Labor statistics reports • Improvement of working conditions of NSC (regions): training, premises renovation, website update, software purchase; • Best collection on Women/Men data and Youth in KR; • Improved capacity of NSC in methodology; • Support to establishment of Center of Analytics and Demography (High School of Economy, Sorbonne Univ.) • Rapid assessment on COVID-19 impact; • In connection with the changes in the political context, it is necessary to think about gender programs, and this agenda will be implemented through IP – NGOs. The CCA, the CRDP are our implementers, therefore national partners advise us. At the beginning of the year, we gather national partners for consultations, where we report and IP voiced their recommendations⁷⁶⁹. • We do not have an exit strategy, but we are thinking about it⁷⁷⁰ • Thanks to UNFPA, we have acquired partners – NGO Tais +, Youth right, Kyrgyzindigo, which is the leader in our consortium. The partnership, in turn, helps in finding regional, international donors.⁷⁷¹ • Sustainability comes from the organization of capacity building processes/ trainings, and improvement of legislation⁷⁷². • UNFPA provides very good capacity building support in the framework of training and seminar organization⁷⁷³. • A high-quality service culture has been developed among health professionals who benefited from capacity development interventions, including the capacity to address the varied/diverse needs of users • Life skills education and peer education interventions are sufficiently followed up so that quality education is delivered • For a better sustainability, it is recommended to organize a single Call Center for all the state agencies. Goal: Unite all the state call centers into one.⁷⁷⁴ • Taking the Country’s context, UNFPA has integrated an increased focus on working with faith-based organizations and religious leaders⁷⁷⁵ • UNFPA played a big role in adjusting cooperation tools in between the governmental agencies. Various normative acts and policies were developed by the UNFPA in order to regulate the communication between the agencies and build a more effective partnership and collaboration.⁷⁷⁶ • UNFPA always fosters capacity development as a mode of engagement in order to enhance national stakeholder ability for the use of census-related data⁷⁷⁷. 			
<p>Policies, strategies and laws are institutionalized</p>	<ul style="list-style-type: none"> • Evidence of policies developed in consultation with diverse stakeholders, including community and local organizations • National strategies is developed, endorsed and operationalized • An adequate budget is allocated to enable the implementation of policies • A number of new laws are being discussed at concerned parliamentarian committees • Evidence that underlying information – including socio-cultural norms and beliefs and legal structures – are considered in the drafting of new legislation and policies 	<ul style="list-style-type: none"> • Project strategy document • Minutes/reports from planning meetings with partners • Field visits • Partners’ work plans • Implementing partners • UNFPA (including finance/administrative departments) 	<ul style="list-style-type: none"> • Document review • Interviews with Implementing partners • Interviews with health professionals • Interviews with teachers • Interview with diverse groups of service users • Annual reports from partner ministries, and implementing partners, audit reports and monitoring reports • Online survey

DOCUMENT REVIEW

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- National Voluntary Report, SDGs
- MAPS Mission Report
- UNDP Human Development Reports for Kyrgyzstan
- National Youth Concept, Action Plan
- Inception Report on Confidential Enquiry into Maternal Deaths in KG
- Gender in Society Perception Study, UNWomen
- Women of Kyrgyzstan in family and society. Young population and high population growth rate
- State of World Population 2020
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- The program of the five-year plan to gradually increase state funding to meet the needs of 50% of women from high medical and social risks groups for maternal mortality by 2023
- "Toward Better Health in the Kyrgyz Republic," Progress Report on the Health and Sustainable Development Goals in 2020, WHO, 2021. <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- Trends in maternal mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

SRH: Policy developed with the support of UNFPA is based at mandatory discussions and consultations with all stakeholders; they correspond to the directions and plans of National and sectoral programs (Health System Reform Program "Den Sooluk" for 2012-2018; Government Program "Healthy People - Prosperous Country" for 2019-2030; Program to overcome HIV infection in the Kyrgyz Republic for 2017-2021).

In September 2018, the Kyrgyz Republic joined the FP2020 movement as a new commitment country. As part of this commitment, with the support of UNFPA, the Ministry of Health and Parliament have developed a 5-year plan to gradually increase the State budget to purchase contraceptives to meet the needs of 50% of women with high health and social risks of maternal mortality by 2023⁷⁷⁸. In 2018, for the first time, the government allocated public funding for the purchase of contraceptives for persons from medical and social groups at risk in the amount of 3.2 million soms, with an increase in funding annually by 1 million soms to 2023⁷⁷⁹.

National Family Planning Action Plan - discussed at the Advisory Council for the implementation of the strategy "Family Planning 2020" in the Kyrgyz Republic, which "includes representatives of the MoH of the Kyrgyz Republic, Ministry of Finance, Ministry of Education and Science, the State Agency on Youth Affairs, Physical Culture and Sports under the Government of the Kyrgyz Republic, international organizations and the non-governmental sector (including youth and religious organizations). A multi-sectoral approach in the formation of the Advisory Council will allow the successful implementation of FP programs, maintain political support and eliminate barriers, as well as help to increase sustainable public funding for FP programs"⁷⁸⁰. Approved by order of the Ministry of Health⁷⁸¹.

An emergency contraceptive drug to prevent unwanted pregnancies in cases of violence was included in the List of Essential Medicines⁷⁸². **A budget line was allocated** to the MoH for family planning activities. Within the framework of the Population Committee of the Parliament of the Kyrgyz Republic, a **new reproductive rights Law**

performance monitoring tool in 2019 was tested, the main purpose of this tool was to stimulate and hold relevant competent authorities accountable, and to identify areas requiring attention to meet the obligations of the state in relation to reproductive rights, including family planning⁷⁸³. With the support of UNFPA, active advocacy work was carried out to amend **the law "On public procurement"**, where the main focus is to create opportunities for public procurement of medicines through international organizations (UN) to ensure the effective cost of medicines, their availability, as well as reducing corruption risks in procurement⁷⁸⁴. The amendments to the law were adopted and approved by a government decree⁷⁸⁵.

The SRH component was originally planned to receive \$3.0 million from regular sources and \$1.5 million from other resources. With the addition of other program components, \$1.1 million (\$0.9 million from regular sources and \$0.2 million from other sources) **was allocated to the SRH component**. However, \$2,035,744 (2018 - \$470,637; 2019 - \$560,370; 2020 - \$1,004,736⁷⁸⁶) was used as a result of additional resources for the SRH component. According to the 2018-2020 reports of the major implementing beneficiaries, resources were sufficient to carry out the planned activities. In 2020, due to the COVID19 pandemic, some activities were revised (moved online, postponed or cancelled) to use funding to support the government's pandemic response activities⁷⁸⁷. After the implementation of activities, the balance of unused funds for the SRH component for 2018 - \$ 1229.82, for 2019 - \$ 1359.66, for 2020 - \$ 3305.73. Total - unused funds for 3 years - \$5,895.21. For 2018-2019, most of the unused funds remained for "comprehensive SRH services" activities, and in 2020, on the contrary, there was some overspending on this section of activities⁷⁸⁸.

With the support of UNFPA, together with other development partners, work was carried out on the development of the Ministry of Health's Internal Health Programme "**Health of Women, Newborns, Children and Adolescents**," which is currently being prepared and is scheduled for technical evaluation in 2021⁷⁸⁹.

Gender: Government decree #528 on Amendments # 642. Approval of amendments by the Order of the Ministry of Internal Affairs of the Kyrgyz Republic No. 763 of November 25, 2020 "On organization and improvement of performance of Internal Affairs Department of the Kyrgyz Republic in the area of protection from domestic violence";

Order #142 on Approval of the Instruction On Providing Social Assistance to Victims of Domestic Violence

Draft normative legal acts regulating actions to respond to gender-based violence in emergency situations were coordinated with other ministries and finalized

Youth: Concept of Youth Policy; Action plan of Concept implementation

P&D: Concept on Demography in KR

KIS CONTRIBUTIONS:

- A module on gender-based violence in emergency situations and a training module on sexual violence were developed⁷⁹⁰
- The curricula of 40 madrasahs include 16 hours on the basics of health⁷⁹¹
- Courses on violence and positive masculinity were developed and introduced into the primary vocational education system⁷⁹²
- Correctional programs for perpetrators of domestic violence have been developed⁷⁹³

EQ 7 (Sustainability): To what extent have some of the results/partnerships built with government of other UN organizations being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

The results of UNFPA supported initiatives are likely to last beyond termination of country program	<ul style="list-style-type: none"> • Evidence that national funds have been allocated to continue/scale-up UNFPA-supported pilot projects (once UNFPA funded projects end) • Evidence of a handover process from UNFPA to the related executing parties regarding the related projects. 	<ul style="list-style-type: none"> • Relevant government ministries (cross-sectoral) • Partners • UNFPA staff 	<ul style="list-style-type: none"> • Degree of structural integration within budget and structures/processes in national ministries • Document review of guidelines and
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FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)

	<ul style="list-style-type: none"> • Extent of ownership of each project by various collaborating groups/bodies (i.e., national implementing partners, including NGOs and government bodies) • Evidence of maintenance of equipment (counselling rooms, rape kit, dignity kit) 		<p>tools (including referral pathways, adoption of standards of care)</p> <ul style="list-style-type: none"> • Site visits (e.g., inspection of maintenance of equipment) • Interviews with NGOs (implementing partners and non-implementing partners) • Online survey
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DOCUMENTS REVIEWED:

- UNFPA Country Programme Document for Kyrgyzstan 2018-2022
- UNDAF 2018 - 2020
- UNFPA Strategic Plan 2018-2021
- UNFPA annual reports, 2018-2020
- National Voluntary Report, SDGs
- MAPS Mission Report
- UNDP Human Development Reports for Kyrgyzstan
- National Youth Concept, Action Plan
- Inception Report on Confidential Enquiry into Maternal Deaths in KG
- Gender in Society Perception Study, UNWomen
- Women of Kyrgyzstan in family and society. Young population and high population growth rate
- State of World Population 2020
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- Trends in maternal mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

SRH: As part of the country's FP2020 commitments, following UNFPA-supported advocacy efforts, in 2018 the government allocated state funding for **the first time to purchase contraceptives for those in medico-social risk groups** of 3.2 million soms, with funding increasing by 1 million soms annually until 2023⁷⁹⁴. **In the MoH** of the KR, with the support of UNFPA, **a separate budget line** has been allocated in the MoH of the KR **for FP activities**.

The sustainability of the process of delegation of authority for UNFPA-supported interventions is confirmed by the commitment of the MoH of the Kyrgyz Republic in the implementation of these activities. **Clinical protocols and operational guidelines** developed with the support of UNFPA in accordance with the latest WHO recommendations, in implementation of the recommendations of the Second Report on the CEMD, **were approved by order of the MoH⁷⁹⁵ and introduced in the training programs** of the Kyrgyz State Institute of Retraining and Professional Development, including the online platform. **Training on clinical protocols** was conducted **for MHIF experts** for further evaluation of the quality of services provided, within their authority⁷⁹⁶. **A training program "Modern methods of contraception"**⁷⁹⁷ has been developed and implemented in the educational process at the departments of family practice (doctors and nursing specialists) and obstetrics and gynecology. Developed electronic programs **"Electronic Prescription"** (supported by the

MHIF) for easy and immediate access to prescriptions for drugs, including contraceptives, as part of the Additional Drug Package (ADP), and the "**Register of Women of Reproductive Age at Risk**" (supported by the eHealth Center) to obtain real data on the number of women of reproductive age at risk, their contraceptive use and their contraceptive needs are successfully implemented in healthcare organizations, providing⁷⁹⁸. All activities to implement the above-mentioned electronic programs are based on the orders of the Ministry of Health and the MHIF. All Oblast AIDS Centers are identified as institutions for the provision of **integrated HIV and SRH services to key populations**, and the Republican and Oblast Dermatovenerology Centers are identified as institutions for the provision of STI-friendly integrated HIV and SRH services to key populations. An online course on the provision of integrated HIV and SRH services to key populations has been developed and **introduced into the training programs** of the Kyrgyz State Institute of Retraining and Professional Development⁷⁹⁹.⁸⁰⁰ **State standards for obstetrics and gynecology services** approved by the Interagency Coordinating Committee under the Government of the Kyrgyz Republic⁸⁰¹.

During the COVID 19 pandemic, UNFPA donated to the Ministry of Health, through the United Nations Joint Project, personal protection equipment to 41 health facilities (Bishkek, National Center for Maternal and Child Health, Naryn and Osh provinces) to prevent the spread of coronavirus for the amount of \$274,990.

Gender: UNFPA conducts various monitoring activities to identify gaps and provide evidence to policymakers that large-scale interventions are needed in this area. Monitoring of Law Enforcement Practice of Internal Affairs Bodies in the Field of Family Violence shows that the protection of victims from domestic violence is not ensured, impunity is generated, the public's trust in the police is undermined. So it recommends to amend the Law of the Kyrgyz Republic "On Protection and Protection from domestic Violence" and other legal acts, discuss the Criminal Code of the Kyrgyz Republic⁸⁰²

Documenting evidence of domestic violence and providing psychological support to victims in health care organizations. Monitoring identified the following factors that contribute to low detection of documenting and informing about domestic violence in health care organizations: managerial (insufficient control of filling out Form 003-3/u, analysis of statistical data on domestic violence referrals, number of forms filled out, number and reasons for women's refusal to document); organizational (insufficient provision of medical documentation, forms and forms) educational (insufficient local training on documentation standards), official (high workload of doctors and lack of time to conduct preventive and awareness-raising work with patients on domestic violence), socio-cultural (insufficient level of gender sensitivity and commitment to traditional views on the position of women in the family among doctors). In this regard, the Ministry of Health is given recommendations to work on these gaps⁸⁰³.

UNFPA, along with strengthening the capacity of relevant structures, ministries, government agencies, CSOs support them with the necessary equipment for the sustainable continuation of work in this direction.

- Certification of GBV experts: Design the training programme for certification of GBV experts. Build a pool of qualified GBV experts at national and sub-national level, by introducing a certification process (CSO recommendation).
- Data sharing policy: Co-develop and integrate data sharing policy and ethical guides, create digital hub with data visualization to harmonize and assure quality data in NSC with different key partners. Strengthen the capacity of key partners (NSC, service providers within MSR, academia) to assure quality administrative data in different sectors and improve recording.
- ESP strategies for PWD: Implement strategies and strengthen the quality and delivery of services for women and girls with disabilities to access quality essential services through the adaptation of Guidelines for Providing Rights-Based and Gender-Responsive Services to address SGBV and SRHR, and roll out training package
- ESP referral mechanisms training: Development of the referral pathways for service providers through development of training packages
- Gender-transformative program: Gender-transformative Fatherhood programmes on the men role, gender curriculum content integration with gender equality and fostering healthy and equitable relationships in vocational and religious schools (madrassa) for adolescent boys, promote positive masculinities including work with social influencers (sports figures, local celebrities, etc.)⁸⁰⁴
- Tech support to Government: Technical support to Ministry of labor and social development of KR to develop, operationalize and endorse the coordinated algorithm of multi-sectoral response to GBV by national and sub-national key service providers (including Ministries of health, interior, education, emergency) in humanitarian settings. Developed training materials for consultation and effective interaction with victims of family violence, are trained operators of the reference line "117", Ministry of Labour

and Social Development of the Kyrgyz Republic. Report on workplan between UNFPA and Association of Crisis Centers (KGZ04ACC Revision II 2020)
(UNFPA provided a server and other equipment, conducted trainings with ministry personnel to launch and operate an information and referral system 117 for people in difficult life situations and victims of domestic and gender-based violence. Currently, the system is not officially functioning, not formalized by the Government Decree)
The National Strategy of the Kyrgyz Republic on Gender Equality 2020 contains a collection of disaggregated data

KIS CONTRIBUTIONS:

- Knowledge and skills will remain; skills of communication/ cooperation with government; new relationships among people, religious leaders and government both formal and informal; infrastructure⁸⁰⁵;
- Trained experts in demography; team on national transfer accounts; Healthy style curricula; software and renovated offices of NSC; study/ research reports; trained CSOs; census expertise⁸⁰⁶; NSC website; visibility of statistics; access to social services; experience in determination of gaps needed further attention (like population registry); advanced IT work⁸⁰⁷;
- Developed service standards and visual reports⁸⁰⁸;
- IPs' capacity to compete for, implement and report on UNFPA-funded projects⁸⁰⁹;
- Experience in conducting GE awareness campaigns; partnership with government institutions; Hotline 117; 17 crisis centers⁸¹⁰;
- Increased attention to working with youth at regional level, youth/ women entrepreneurship⁸¹¹ resulted in increased number of young deputies, local funding on youth events, youth increase participation in election⁸¹²;
- Manuals, handbooks, training methodologies will remain; strengthened organizational capacity; partnership with government⁸¹³;
- LNB approach, definition of disability⁸¹⁴;
- Digital applications⁸¹⁵;
- Clinical guidelines/protocols/standards are approved by ministry of health orders/government resolutions and implemented in health care organizations⁸¹⁶, however, it should be taken into account that medicine evolves and definitions and approaches to treatment change annually, so it is necessary to constantly update documents and update the knowledge of medical professionals⁸¹⁷;
- All developed curricula/modules/materials (to provide integrated SRH and HIV services for key populations/family planning/MISP) are implemented in the training process and continue to function steadily to provide integrated SRH and HIV services for key populations/family planning⁸¹⁸;
- Increased capacity and experience of the coaching team /of health care providers/ implementing partners/ key populations who know their rights and opportunities⁸¹⁹;
- Regulatory documents regulating the provision of integrated SRH and HIV services to key populations at the CSM level (order)⁸²⁰;
- The potential of young people, a peer-to-peer, rights-based approach; the need to unite, to create safe spaces to share information, the desire to continue what they have started, to create conditions for themselves⁸²¹;
- Purchase of contraceptives from the state budget for women from vulnerable groups⁸²²;
- Family planning drugs were included in the MHI drug benefit program; roll-ups were developed and will be used in the future; mechanisms for working with local governments and representatives of religious communities were laid out, which will be used in follow-up work⁸²³;
- Any experience will remain and be used in the country⁸²⁴;
- Contraceptive budget line (program budgeting)⁸²⁵;
- Expert potential of specialists; those developed normative documents that have been approved, systems/processes that have been launched⁸²⁶;
- Institutional memory of implementing agencies (will keep working, know how and where to go, methodology, priorities, etc.); all programs that have been institutionalized will have a continuation because they are fixed/spelled out in regulations⁸²⁷;

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- CEMD - the principle of non-punitive review⁸²⁸;
- The capacity of civil sector organizations to educate and advocate for family planning will remain. Government agencies will remain in place to record and track contraceptives, if government commitments are maintained. It is difficult to predict anything due to the unstable political and other situations in the country, so these issues need to be constantly advocated⁸²⁹;
- National Action Plan, Improved Family Planning Recording and Reporting⁸³⁰;
- The monitoring tool on the implementation of the Law on the reproductive rights of citizens (approved by the Jogorku Kenesh Commission on Social Policy) is a "guide" for parliamentarians; the knowledge of permanent experts / staff of the Committee on Social Policy, who work closely with parliamentarians (understanding the problem, "bridge" to transfer knowledge to MPs of the next convocation); the knowledge from the public, which they received at meetings with parliamentarians in the regions; plans, decisions of the Committee on Social Policy (instructions to the Government were given⁸³¹).
- During the pandemic, support was provided to obstetric organizations and primary care organizations with personal protective equipment⁸³²;
- During the COVID-19 pandemic, UNFPA helped health organizations in Bishkek to provide personal protective equipment (gowns, protective suits, respirators, masks, face shields, eye protection) through mobilized resources from the United Nations Trust Funds administered by the Multi-Partner Trust Fund Office for a total of \$90,660⁸³³.
- During the COVID-19 pandemic, UNFPA supported a maternity home ("red zone") by purchasing personal protective equipment and jackets with the "Stop COVID" logo⁸³⁴;
- UNFPA was supported during the COVID-19 pandemic (assistance with personal protective equipment, preparation of booklets)⁸³⁵;
- Monitoring of the implementation of the Law on domestic violence was carried out, joint operating procedures were developed, and a study on mapping services to victims of violence was completed, 23 data collection tables have been developed for the NSC⁸³⁶;
- Media support that UNFPA provides is very effective. Most of the materials and video bring sustainability to the future independent work of state agencies;⁸³⁷.
- UNFPA help the governmental agencies to develop statistical compendium in order to monitor the gender aspect and make recommendations for improvement⁸³⁸.

ONLINE SURVEY

Please **tell to what extent you agree or disagree** with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

7. The CP sets out relevant goals, objectives and interventions to develop national capacities, N=36	4.46
8. UNFPA interventions have been implemented with Government and local partners, N=35	4.78
26. UNFPA established the partnerships with ministries, agencies and other representatives of the partner government, N=37	4.59
27. UNFPA provides to its partners and the beneficiaries support in developing their capacities, N=37	4.57
28. UNFPA provides to its partners and the beneficiaries support in establishing mechanisms to ensure ownership , N=34	4.19
29. UNFPA provides to its partners and the beneficiaries support in developing the durability of effects, N=35	4.30
30. UNFPA interventions contributed or are likely to contribute to ensure partners' ownership, N=37	4.40
31. UNFPA interventions contributed or are likely to contribute to ensure sustainability? N=37	4.32
32. The interventions supported by UNFPA have/are contributing to positive changes in the lives of most vulnerable and marginalized and excluded population groups (young girls and women, youth, disabled, key populations, etc.) N=31	3.76
33. UNFPA has exit strategies with government partners exist to hand over of activities and demonstrate readiness of national stakeholders to replicate activities, N=34	4.14
34. UNFPA been successful in managing the threats to the sustainability of results caused by the COVID-19 crisis? N=31	3.68
35. UNFPA COVID-19 response and recovery efforts contributed to strengthening national capacities and systems in the fields of SRHR, GBV prevention and	3.19

protection and data? N=27			
EQ 8 (UNFPA Country programme coordination with UNCT): To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			
The UNFPA country office has actively contributed to UNCT working groups and joint initiatives	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of exchanges of information between UN agencies • Evidence of joint programming initiatives (planning) • Evidence of joint implementation of programmes 	<ul style="list-style-type: none"> • Minutes of UNCT working groups • Programming documents regarding UNCT joint initiatives • Monitoring/evaluation reports of joint programmes and projects 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with other United Nations agencies • Interviews with Spotlight Team and committee • Online survey
<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • UNFPA Country Programme Document for Kyrgyzstan 2018-2022 • UNDAF 2018 - 2020 • UNFPA Strategic Plan 2018-2021 • UNDP Human Development Reports for Kyrgyzstan • UNFPA annual workplans and reports, 2018-2020 <p>Under the UN Peacebuilding Fund, in accordance with the Peacebuilding Priorities Plan, 10 projects were developed by UN agencies and reviewed by an independent technical review panel and the Joint Steering Committee. As a result of the review, the following UNFPA projects were supported and approved: 1) Multi-sectoral cooperation for inter-ethnic peacebuilding in Kyrgyzstan; 2) Youth for peaceful change; 3) Promoting women's participation in peacebuilding initiatives⁸³⁹. During the COVID19 pandemic, a Coronavirus Response and Early Recovery Plan (COVID-19) was developed and approved for interaction between the Government of the Kyrgyz Republic and the Emergency Response Coordination Team, which includes the heads of UN agencies, the Red Cross/Red Crescent movement, international organizations, and non-governmental organizations. The overall action plan specifies the activities that each agency/organization, including UNFPA, will support⁸⁴⁰.</p> <p>UNFPA is the leading UN agency for creating a world in which every pregnancy is wanted, every birth is safe, and every young person's potential is realized⁸⁴¹. UNFPA activities are governed by the United Nations Development Assistance Framework (UNDAF) 2018-2022 for the Kyrgyz Republic, which is aligned with UNFPA's mandate. UNFPA is the only UN agency to promote family planning issues and the leading agency to promote women's reproductive health issues in the Kyrgyz Republic. As part of the planned activities under the SRH component, UNFPA is the lead agency in the Kyrgyz Republic in the implementation of the recommendations of the Second Report on the CEMD (clinical protocols/operative procedure standards have been developed, presented to the medical community, and introduced into continuing medical education curricula). UNFPA's support of the CEMD work, as well as the development of the above clinical guidelines, developed in accordance with the latest WHO recommendations, will certainly contribute to improving the quality of care for pregnant women, women in labor and delivery, which will ultimately prevent preventable cases of maternal mortality in the country. UNFPA supports the introduction into practice and activities to improve the availability of new modern types and methods of contraception, especially for vulnerable populations, which will also serve to prevent the adverse consequences of unwanted pregnancies, such as abortions, especially unsafe ones, complications of pregnancy, childbirth and postpartum, as well as cases of maternal, perinatal and infant mortality. In this area, with the support of UNFPA, a Clinical Manual on Family Planning with Implants and Injectable Forms of Contraceptives was developed and a series of training workshops were held with healthcare providers on IUD insertion (post-placental, postpartum and during caesarean</p>			

section). UNFPA has made significant contributions to the development of state standards - with UNFPA support, state **standards for obstetrics and gynecology** (2019) and **adolescent health care** (2018) were developed. UNFPA is the only organization that address prevention of **sexual transmission of HIV, including through integrated programs on SRH, STIs, HIV** and working with key populations.

Each UN agency in Kyrgyzstan has its own **website** where publications developed and published with agency support are posted⁸⁴². The general website of the UN in Kyrgyzstan includes selected **publications** developed and published with the support of individual agencies or jointly by several agencies⁸⁴³. UN agencies also include some statistics for the country or links to them on their websites.

The UN system in Kyrgyzstan assists the country in implementing development reforms and supports the achievement of the internationally agreed Development Goals. Each UN agency works in a specific area according to its mandate, but the work of each agency is coordinated to achieve **the Sustainable Development Goals based** on the principles adopted by world leaders at the United Nations. UNFPA supports SDGs 1, 3, 4, 5, 10, 11, 16, 17. As part of the SRH component, including HIV, **UNFPA regularly collaborates with UN agencies such as WHO, UNICEF and UNAIDS**. Under the 2018-2022 United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic, UNFPA was scheduled to support the **Multiple Indicator Cluster Survey (MICS)**⁸⁴⁴, which was successfully conducted in 2018 with UNICEF⁸⁴⁵. During the COVID19 pandemic, UNFPA, together with **UN Women, the Government of Switzerland, the joint EU and UN " Spotlight Initiative " initiative**, supported the study "**COVID19 Impact Study Report on Women and Men in the Kyrgyz Republic**" (2020)⁸⁴⁶, and together with **UNICEF** - the study "**Report on the impact of COVID-19 on young people in Kyrgyzstan**" (2020)⁸⁴⁷. According to the planned activities, UNFPA is supporting the MoH of the Kyrgyz Republic in the development of the intradepartmental **Programme "Health of Women, Newborns, Children and Adolescents"**, together with **UNICEF, WHO and GIZ**⁸⁴⁸.

Technical support for the meetings of the National Committee on CRMD in the preparation of the Second Report on Confidential Inquiry into Maternal Deaths in the Kyrgyz Republic (2017), as well as in the preparation of the report was provided by UNFPA together with **WHO ERB**. An external evaluation was conducted with the advice of WHO⁸⁴⁹. All clinical guidelines and standards of operating procedures developed as part of the implementation of the recommendations of the Second CRMD Report are discussed with the participation of **WHO and GIZ** specialists. On HIV, UNFPA works with other UN agencies/partners at the level **of the Country Coordinating Mechanism on HIV/AIDS, Tuberculosis and Malaria**⁸⁵⁰.

KIS CONTRIBUTIONS:

- Effective chairs/leads work of several UN thematic groups⁸⁵¹; avoid duplication of UN agencies work, strengthening capacity of members of working groups, effectively collect and disseminate information of WG members' work⁸⁵²;
- Is a lead UN agency on youth⁸⁵³;
- Cooperate with UNICEF, UNDOC, UNWomen, OSCE, GIZ, etc.⁸⁵⁴; easy to work with but some duplication in supply chain work with UNDP, UNICEF, WHO⁸⁵⁵;
- UNFPA is used to open government door; "*Forced UN joint activities*"⁸⁵⁶;
- "*There is no competition, there is an gentlemen agreement*"⁸⁵⁷;
- UNFPA associated with narrow (mostly SRH) focus⁸⁵⁸;
- Little delegation to IPs to promote UNFPA⁸⁵⁹;
- Little or no population understanding of UNFPA work, especially at regional level⁸⁶⁰;
- Complicated UNFPA language – need to 'humanize' it and in Kyrgyz⁸⁶¹;
- High competitiveness for resources, especially for additional funding and visibility⁸⁶²;
- Despite weekly meeting during COVID pandemic, coordination of UN agencies work was difficult⁸⁶³;
- One point – '*need brochures, data, etc. to give out*'⁸⁶⁴ and the other – '*Need less brochures/ round tables and more audio direct lines in Kyrgyz, hotlines*'⁸⁶⁵;
- Three peacebuilding projects were implemented together with UNICEF, UNDP, UNODC, UN Women. In the project on new buildings UNFPA was the leading organization⁸⁶⁶;

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- Partnership with UNAIDS (coordinates the work of all UN agencies working on HIV); UNDP, as the Principal Recipient of the Global Fund. With the other agencies, communication on HIV-related issues takes place at the level of the Country Coordinating Mechanism (which includes representatives of government agencies, international organizations, and NGOs)⁸⁶⁷;
- At UN level - working with UNICEF, UNDP, UN Women - developing a harmonized approach to implementing partners. Member of Human Resource and Procurement (chair of UN group) at UN level. Focal Point BOS (business operating strategy) - Focal Point for UN develop strategic plan (5 year operating plan)⁸⁶⁸;
- With the assistance of UNFPA, as part of the obligations under PS2020, an Advisory Council on PS2020 was established, which includes: MoH, Ministry of Education and Science, MoF, the State Agency for Youth, Physical Education and Sports, international and directional organizations; quarterly meetings to address current challenges⁸⁶⁹;
- The JSI Compass Drug Supply Chain Assessment supported by UNFPA worked with many partners: UNDP, UNAIDS, UNICEF, WHO, USAID JSI, Soros Foundation, MoH, Department of Drug and Medical Products, RCAIDS, Republican Immunoprophylaxis Center, E-health Center, NGO Reproductive Health Alliance, business sector, etc.⁸⁷⁰;
- In the Drug Supply Chain Assessment using the JSI Compass Tool, UNFPA took the right strategic approach - all stakeholders were invited for discussion: donors for all vertical programs (TB, HIV, immunoprophylaxis) with broad involvement of government agencies⁸⁷¹;
- Development of the country program for maternal, newborn, child and adolescent health (2018-2019) was conducted with the participation and support of UNFPA, UNICEF, GIZ⁸⁷²;
- Cooperation with the WB in health care reform⁸⁷³.
- Discussing future plans and taking stock of the year with all partners is a sustainable practice for UNFPA. At the same time, there are difficulties in filling out an online atlas in English. It is difficult and time consuming.
- Piloting projects, for example, for mobile teams, should be at least 6 months. For example, the Ministry of Internal Affairs and the mayor's office do not want short-term cooperation.
- Before launching the project, consultations are needed so that the UNFPA would give recommendations on implementation, requiring that the costs of specialists be taken into account in the budget⁸⁷⁴.

ONLINE SURVEY

Please tell to what extent you agree or disagree with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

36. UNFPA actively participate in UN working groups. N=32	4.16
37. UNFPA contribute to UN advocacy efforts, N=28	3.62
38. UNFPA participated in planning of joint initiatives, N=32	4.19
39. UNFPA participated in implementing of joint initiatives, N=34	4.38
40. UNFPA country office provided leadership in GBV and SRHR coordination and contributed to effective coordination and complementarity within the framework of the United Nations Country Team (UNCT) collective response to the COVID-19 crisis? N=22	2.65
41. UNFPA effectively co-chaired the GBV sub-cluster during the COVID-19 emergency , N=22	2.7
42. UNFPA effectively contributed to the Health Cluster during the COVID-19 emergency? N=28	3.47

EQ 9 (UNFPA Country programme added value): What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Added value of UNFPA in the country context is significant	<ul style="list-style-type: none"> • Evidence that the results observed within the programmatic areas couldn't be achieved without UNFPA support 	<ul style="list-style-type: none"> • UNFPA team • Parliamentary Committee • Ministries 	<ul style="list-style-type: none"> • Document analysis • Interviews with other United Nations agencies
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	<ul style="list-style-type: none"> Evidence and magnitude of benefits added by UNFPA to the results from other development actors' interventions. 	<ul style="list-style-type: none"> Relevant NGOs Project reports Partners' work plans and reports National reports 	<ul style="list-style-type: none"> Interviews with Spotlight Team and committee Online survey
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DOCUMENTS REVIEWED:

- National Voluntary Report, SDGs
- MAPS Mission Report
- UNDP Human Development Reports for Kyrgyzstan
- Inception Report on Confidential Enquiry into Maternal Deaths in KG
- Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan
- Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic
- Women and men of the Kyrgyz Republic: 2014–2018, NSC, 2019 <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

One can say that without UNFPA support in SRH there would not have been such significant progress **in promoting family planning issues** (advocacy, allocation of state funding for contraceptives procurement for women at risk groups, development of a monitoring tool for the implementation of the Law on Reproductive Rights, introduction of latest modern types and methods of contraception into practice and training programs, introduction of emergency contraception in the Additional Drug Package of MHI, program budgeting, etc.), in the **development of emergency response mechanisms for SRH needs, in the development of clinical/methodological guidelines/standards**, including for the provision of integrated SRH and HIV services, institutionalized in continuing education programs, **in the development of new tools for the contraceptive logistics system** (Registry of Women of Reproductive Age of Medico-Social Risk Group, Electronic Prescription, accounting and reporting). UNFPA is the only UN agency that **builds the capacity of key populations on SRH and HIV** and promotes condom use, given the increase in sexual transmission of HIV in the country.

During the COVID19 pandemic, the UNFPA Country Office made a significant contribution in support of the Government of the Kyrgyz Republic by providing the Ministry of Health with **personal protective equipment for 41 health facilities** (Bishkek, National Centre for Maternal and Child Health, Naryn and Osh oblasts) to prevent the spread of coronavirus at a cost of \$274,990 under the UN joint project based on United Nations funds⁸⁷⁵. Under the COVID-19 Response and Early Recovery Interaction Plan between the Government of the Kyrgyz Republic and the Emergency Response Coordination Unit, UNFPA supported the development, **printing and distribution of information materials** such as a brochure for pregnant women "How Coronavirus Affects Pregnancy", leaflets for women who have experienced or experienced family violence during quarantine, information materials on prevention of unwanted pregnancy (family planning) and other⁸⁷⁶.

UNFPA makes a great contribution to improve the National data collection systems and conducting surveys.

Contribution of UNFPA to the Kyrgyzstan's Periodic Report to the Committee on the Elimination of Discrimination against Women.

Contribution to the Report of KR on achievement of SDGs. Data for the National Statistical Committee's periodic compilation "Men and Women in the Kyrgyz Republic" (from 2010) is collected based on indicators that reflect the process of achieving the Sustainable Development Goals⁸⁷⁷.

UNFPA provides expert and technical support to several periodical country reports – UPO, CEDAW, Beijing+. Beside periodical reports on international commitments the UNFPA supported the development, consultations, discussions on a Gender strategy until 2030 and a gender NAP until 2023.

The UNFPA contribution to support the authorized body - MLSJ is significant. Thus, in 2020, a Gender Violence Unit was created with a mandate to coordinate actors and implement the law on Domestic violence Protection. A number of legal acts related to interagency interaction and response to gender-based violence, including in emergency situations, in a pandemic, adopted by Government and state bodies with the active support of UNFPA, in particular ORDER interaction of state bodies that carry out the protection

and protection against family violence (to the decree of the Government of the Kyrgyz Republic, August 1, 2019 No. 390)

UNFPA is noted as the responsible executor in the gender NAP in the sections: development of functional education, elimination of discrimination and expansion of access to justice, regulatory policy.

KIS CONTRIBUTIONS:

- CO team, professionalism, responsiveness, ability to listen and motivate partners, openness and readiness to help, assistance in reporting⁸⁷⁸;
- Little bureaucracy, effective management⁸⁷⁹;
- Proactive position and fast reaction to challenges/problems; flexibility, especially in time of COVID pandemic⁸⁸⁰;
- CO culture, for little funding CO is able to achieve a lot; CO values its partners and understands partners' issues; dedication to what they are doing; respect to IPs⁸⁸¹;
- UNFPA research, studies, publications and reports⁸⁸²;
- Work with youth on sexual education; purchase assistance to government along with UNDP, UNICEF; achievements on maternity death⁸⁸³;
- CO ability to credit national partners for achievement and be in 'shadow'; capacity strengthening of partners⁸⁸⁴;
- Flexibility, in time assistance; desire and ability to share its experience, knowledge and expertise unlike UNICEF⁸⁸⁵;
- Complex approach with wide portfolio, clear strategy, combination of work at regional and national levels with different types of activities; amazing capacity to mobilize resources (PPE, emergency issues); effective communication with different branches of power – Parliament, President, government and ability to find 'common' languages/ point with each of them; involve Parliament into UNFPA work⁸⁸⁶;
- Most close work at ground/ practical/ reality level; operative and great expertise in specific areas; focused and narrow mandate that able to think and act practically/ incremental steps. For example, if CO conducts workshop on RH, they will bring instruments, show how to use them and make participants to practice⁸⁸⁷;
- Collaboration and coordination with state institutions, IPs⁸⁸⁸; intergovernmental cooperation⁸⁸⁹;
- Special mandate on FP, GBV that requires expertise; attention to you (27% of population)⁸⁹⁰; gender work; project portfolio in addition to core funding; cross-cutting approach (PBF gender and youth); work with faith community on gender/youth issues⁸⁹¹; community empowerment⁸⁹²; civil society involvement as IPs⁸⁹³;
- Reliability, strong gender expertise, deep understanding of situation, consistency, different channels of communication⁸⁹⁴;
- System work, evidence-based approach, focus on youth⁸⁹⁵;
- Human, supportive⁸⁹⁶; coordinate its activity, conduct consultations with partners, plays intermediate role for government and coordinate its work with government⁸⁹⁷; specific target groups⁸⁹⁸;
- Programme areas nobody else is working on; little bureaucracy and quick reaction to challenges/ problems; ability to work with multiply partners from different sectors (UN, civil society, government); effective and efficient project implementation⁸⁹⁹;
- UNFPA opens door to government to other UN and donor institutions but left alone with tackling social issues⁹⁰⁰;
- UNFPA was the first to make connections and already has good experience working with the religious community⁹⁰¹;
- Unique mandate - sexual reproductive health⁹⁰² (none of the other partners work in this direction⁹⁰³)/ no UN agency other than UNFPA addresses sexual transmission of HIV⁹⁰⁴ and family planning⁹⁰⁵/ no other international organization raises such pressing issues as family planning and HIV in conjunction with SRH⁹⁰⁶;
- seeks to institutionalize the results of their work, to implement in the work of organizations; UNFPA conducts a lot of advocacy work with government and state bodies; well-coordinated team, attentive to partners, out of politics⁹⁰⁷;
- UNFPA is good at closing the niche of pre-exposure HIV prevention, condom promotion, and actively participates in the work of the Country Coordinating Mechanism⁹⁰⁸;
- Tolerant attitude towards key groups (from the planning stage of activities to implementation all key groups are involved); UNFPA supports NGOs regardless of whether there is currently a project or not (for example: in case of illegal police raids - support in working with the police); except UNFPA no one supports SRH and HIV when

working with key populations⁹⁰⁹;

- Without UNFPA support, the work to improve access to integrated SRH and HIV services for key populations would not have happened⁹¹⁰;
- Dedication to work, transparency, responsibility of employees; focus on youth effectively⁹¹¹;
- Mobility, loyalty, sincerity, honesty, sensitivity in communications with partners (NGOs⁹¹², government agencies⁹¹³)/ timely response to crisis situations (in the country, with partners)/ involvement of professional experts, specialists, leaders, which positively affects the results of work⁹¹⁴;
- Before any joint work begins, everything is discussed and negotiated down to the details with national partners, which helps to achieve a better result⁹¹⁵;
- The focus of UNFPA's work is fairly narrow, which allows for more targeted and more effective interventions⁹¹⁶;
- Friendly, responsive, easy to work with, including in terms of reporting⁹¹⁷;
- Competent management, flexibility, good reputational capital with national partners and with civil sector, non-politicized (soft power), in country office - team of professionals. Compared to other international agencies, UNFPA is in the top three most effective, due to a clear mandate (women, SRH, young people), relatively small size of the agency, the chosen direction - important in health care (they always want and will work with them), listen to the point of view of experts (not dictating their point of view), provided great assistance, but not interfered in the process (there was academic freedom)⁹¹⁸;
- Trying to work with different partners (although there is a certain separation of partners by topics); working through national implementing partners (but there are also disadvantages - more trust in IPs, more freedom of action with some specific recommendations); in general - democratic approach (consider partners' opinions, including in program evaluations); broad/strategic views/approaches; UNFPA - one of the most progressive UN agencies⁹¹⁹;
- Accessibility, friendliness; worked very closely with the Ministry of Health during the development of the Program (plans, reports, activities, amounts); provided personal assistance to the maternal and child health coordinator (developing plans, writing reports, preparing materials for workshops, etc.)⁹²⁰;
- Always able to identify the needs, including the needs of the regions, always provide an opportunity to express themselves, carefully approach the planning of activities. Thanks to UNFPA, the capacity of national experts, including regional ones, has increased⁹²¹;
- Organizational aspects are well organized: timely/previous preparation of events (approval of the order, collection of necessary documents, execution of the contract, etc.)⁹²²;
- Much credit goes to them for initiating the issue of purchasing contraceptives from the state budget; supporting population issues (censuses, etc.); working well with the civil sector; annually gathering and discussing events, issues with implementing partners⁹²³;
- Quick response, good communication, feedback, openness, professional, productive approach to work⁹²⁴;
- Systematic approach in the work, careful attitude to the procurement of PPE, tried to embrace the entire supply chain of drugs, unite all interested partners in the Evaluation, despite the barriers⁹²⁵;
- Focuses on scientifically proven methods in her work⁹²⁶;
- They work in different directions: adolescents/youth, civil society, medical professionals, religious communities, taking into account the needs and opinions of all parties⁹²⁷;
- Has its own catalog of reproductive health products at manufacturers' prices, allowing many issues to be addressed; commitment to its issues; clear focus on certain areas, so there is a deeper understanding of the issues⁹²⁸;
- Solving issues on a strategic level, systematic approach in work, solving issues on a strategic level, commitment, constant support of partners⁹²⁹;
- Clear principles of work, good organization of events, support for coaches (experience/financial support), respect for partners⁹³⁰;
- Human factor: professionalism of UNFPA staff, competent accompaniment (parliamentarians), diplomacy, patience (because parliament and government are hard to work with)⁹³¹;
- Careful, meticulous planning, they take a long time to calculate (but then it justifies itself), they try to cover the whole cycle (for clinical protocols: preparation, writing, going through all the stages, presentation; for CRMS - the report is not for the report, but for implementation of recommendations, otherwise it makes no sense to take on

the next report)⁹³².

- Proactivity, ability to take leadership and responsibility (in particular, GBV, DRCU platforms, commitment to conduct a country analysis to implement the principle – nobody behind living)⁹³³
- UNFPA is working hard to build the capacity of institutions to implement integrated programs. They are interested in deliberate work with beneficiaries⁹³⁴
- UNFPA has a consistent approach to programs, rather than a project-based approach like others. This approach ensures continuity and sustainability⁹³⁵
- We are interested in the experience of other countries, for example on joint operating procedures on gender-based violence, and UNFPA provides us with the opportunity to study it.⁹³⁶
- UNFPA focus on gender violence prevention, - early marriage and radicalization, which explains their choice of IP, - Mutakalim NGO⁹³⁷
- The creation of mobile brigades during a pandemic in 2020, which included specialists from the Ministry of Internal Affairs, health authorities, local self-government bodies in the face of an increase in domestic violence, has become a good precedent⁹³⁸.
- For the first time in KR, development partners represented by UNFPA began to take into account and work with religious communities. As a result of awareness raising of the Muslims's Spiritual Directorate , madrassa teachers, issues of sexual and reproductive health, gender violence began to be discussed⁹³⁹

ONLINE SURVEY

43. What are the comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies?

- Sector-wide approach, partnership
- For the UNFPA representation in the Kyrgyz Republic - Continuous provision of new directions and initiatives, the results of various studies in the areas supervised by UNFPA with translation into Russian and regular presentation and discussion with key partners of the Plans and directions of activities for the next years.
- Long-term programs that allow you to better achieve results
- Continuous communication, software support, communications support
- Sociability, constant support in the implementation of the program.
- Work standards
- Highly flexible programs that can meet the changing needs of the country and government;
- High ability to mobilize additional resources;
- Integrated and comprehensive approaches;
- Work at all three levels, starting with the population and ending with the Government and Parliament.
- Excellent and highly professional composition of the UNFPA RH / FP program team
- Clear coordination with the Ministry of Health of the Kyrgyz Republic;
- UNFPA knows how to design programs effectively using funds, time and human resources. The modest budget (compared to other UN agencies) is spent meaningfully. Focus on quality results. Special focus on monitoring and evaluation.
- High potential and business qualities of UNFPA staff; coordination of activities with other UN agencies; ensuring the participation of partners in the discussion of their plans and taking into account the recommendations of their recommendations in planning; consistent cooperation and response to the needs of government agencies; attraction of new international research methodologies, standards of service delivery to victims of SGBV; providing support in obtaining advice from international experts on topical issues; effective cooperation with head offices on innovative approaches to solving SGBV problems; interest in professional growth of IP
- Do not respond to initiatives, do not respond to suggestions
- Flexibility and depth of the project

- Good
- Openness, accessibility
- Accuracy, attentiveness, efficiency
- Quick respond to emerging requests and changes
- Understanding the importance of ordinary employees and a good attitude towards them without any abuse of the hierarchy by the UNFPA management.
- Focus on young women and girls, leave no one behind program
- Resilience advantage
- UNFPA, like the World Bank in the republic, are of great importance in the development of the entire statistical system.
- Advantages, in my opinion, this is given to the independence of the project team during the implementation of the project, all the moments that arise during the implementation are taken into account, the proposals from the project team are supported, the analysis of the situation is carried out before the implementation of the project
- I cannot tell. It is possible that UNFPA operates in a more complex contextual environment than other programs.
- Flexibility of approach to partners, humanity of the staff.
- They differ from other partners in that they can always listen and provide assistance, but even if they cannot help in full, they always help to find a way out.
- Access to key groups, tools for working with these groups
- Transparency
- Reproductive Health Leadership,
- Working with vulnerable women (outside hospitals too)
- Simplified procedures for payment and selection of people for the provision of services
- Fundamental principles
- Inclusion of representatives of vulnerable communities in planning processes.
- Unlike other agencies where most of the ideas / projects come down and NGO organizations adapt to them, the UN Population Fund attracts and includes the beneficiaries themselves at the time of development of project ideas.
- Sensitivity to issues of vulnerable communities.
- The characteristics and differences of key populations are taken into account.
- The ability to actively and honestly support organizations in capacity development.
- Very focused and targeted activities

44. What is the UNFPA's added value?

- Apart from UNFPA, no one is involved in population policy / demography
- SRHR
- Average
- Goodwill and interest in enhancing and building country capacity in health, including more recently in health program budgeting
- Communication skills of employees
- Employee literacy
- Leave no one behind approach

- Responsive and open to cooperation and partnership organization.
- Leadership and advocacy
- Regional and global expertise in SRH and FP
- Support for creativity, flexibility, adaptability to changing conditions, trust and support of a partner, as well as responsibility for one's role (positioning oneself, first of all, as an equal partner, not a donor).
- Clear planning of activities, quick response to new challenges, understanding of the mission and tasks of UNFPA in the Kyrgyz Republic, taking into account the national context of the country, holding regular planning meetings with IP, high motivation in addressing gender-based violence
- Good communication and dismissal to partners
- Good
- Emergency preparedness
- Honesty
- Humanistic organization
- Reliable partners
- Rating 4 out of 5 possible
- Involvement of different groups, including religious leaders
- People!
- Mandate
- Mobility
- Is the only UN agency that correctly supports the activities of organizations working in the field of CTG and SRHR and HIV issues.
- Strong in family planning promotion

ONLINE SURVEY, N=37

45. UNFPA will soon be formulating a new 5-year Country Program within its mandate area (gender, youth, SRH, HIV, population and development).

a) What activities the new CP needs to focus on? Please mark all appropriate from the list:

- | | |
|--|----|
| ○ Advocacy work/ campaigns | 17 |
| ○ Communication/ information campaigns | 27 |
| ○ Capacity building (trainings, workshops) | 32 |
| ○ Community empowerment | 19 |
| ○ Policy work/advice | 20 |
| ○ Technical assistance through targeted expertise | 18 |
| ○ Development tools, including IT | 19 |
| ○ Service/service delivery strengthening | 19 |
| ○ Country preparedness, readiness and emergency response | 15 |
| ○ Coalition/ networkbuilding | 6 |

- Educational curricula development 23
- Implementation/organization of research/ study/ survey/ analysis 19
- Guidelines/ manuals/ material development 19
- Emergency response during the COVID-19 pandemic 15
- Other (please specify):
 - Population aging
 - Healthcare from children early years

b) Which target groups/vulnerable the new CP needs to focus on? Please mark all appropriate from the list:

- Young people/youth 29
- Key populations 24
- Women with severe chronic diseases, 16
- Single mothers 16
- Poor families (малообеспеченные) 19
- Families living below the poverty line, 14
- Survivors of gender-based violence 23
- People with disabilities 19
- Women and girls with disabilities 24
- Women and girls with intersecting forms of discrimination 22
- Others (please specify):
 - Elderly;
 - Religious communities;
 - Young families.

46. Would you like to add or say something else that is relevant to this evaluation?

- To thank the UNFPA team in the Kyrgyz Republic for fruitful and effective cooperation
- It is always pleasant and comfortable to cooperate with UNFPA, I wish you great success and more financial resources, to strengthen the composition of the RH / FP program, as this program has a very large portfolio, and there are not enough employees in it!
- Our organization has worked with UNFPA on the topic of peace building (which is not a direct UNFPA mandate) and the agency has demonstrated a professional approach in this area.
- In the most difficult situations, UNFPA employees know how to “take a hit”, maintain self-control and confidence, do not deviate from their principles, they are demanding of themselves and their partners, and are consistent in their decisions. This is all part of their corporate culture, which they extend to their IP. It is a pleasure to work with the UNFPA team and it is a great responsibility to comply.
- Many thanks to UNFPA
- No, only thanks to UNFPA for the contribution to the development of our country.
- We were very pleased to work with the UNFPA team, thank you for the democratic approach and professionalism.
- Thank you for the opportunity for joint cooperation! Good luck to you!

➤ Good luck

WHAT COULD BE IMPROVED (RECOMMENDATIONS VOICED DURING KIS)?

SRH:

- To support for short-term practical on-the-job courses combined with theoretical distance learning (since distance learning reduces the practical focus); 2) support for mentoring visits after training; 3) creation of a modern simulation center at KSIRPD (currently, equipment is available at individual departments, but outdated and not up to standards)/ support for simulation centers at branches; 4) development of a distance learning course on integrated SRH and HIV services for key populations with expanded training (not only to train specialists from pilot health care organizations, but also other potential providers of these services), moving the course to a regular training basis; 5) development of training materials on adolescent health - healthy living, SRH/HIV (manuals for participants/teachers); 6) development of training materials/courses on working with PLHIV - in context of SRH/HIV; 7) support for capacity building of the teaching staff (TOT with the invitation of external experts, etc.)⁹⁴⁰;
- Include topics on integrated SRH and HIV services in pre-diploma and post-diploma training programs for physicians (do not leave them at the level of pilot organizations); 2) raise the issue of systematic and sustainable SRH/STI services in conjunction with HIV at the Ministry of Health (taking into account the creation of the Public Health Institute and the elimination of the Republican AIDS Center); 3) identify a tertiary level organization that would coordinate the work on SRH/STI services (entrusted to the Kyrgyz Scientific Center for Human Reproduction) with the development of a provision on these services (coordination / interaction mechanisms / continuity of work, etc.), to be fixed in regulations; 4) to fully institutionalize integrated SRH and HIV services for key populations to include other topics affecting these groups (hormonal correction in sex reassignment, etc.)⁹⁴¹;
- To build the capacity of NGO staff on SRH issues on an ongoing basis; 2) devoting more time in training to gynecology, family planning (since these topics are quite complex), including issues of hormone therapy for transgender people; 3) allowing more time for project implementation (not 8 months, but 1-1.5 years) when planning for greater efficiency and a more rational use of human resources (implementation in a short time requires the involvement of more people and more hard work - increased workload/stress/more difficult to coordinate); 4) to develop activities tailored to each of the key groups/ some activities should be conducted separately (for example, sex workers may not participate in 3-day trainings because they work at night, the maximum duration of the workshop - 2-3 hours); 5) support to expand theatrical performances based on SWIT (implementation of comprehensive programs on HIV/STIs prevention among sex workers)⁹⁴²;
- UNFPA has established a pool of volunteers with more than 500 people that promote Sexual Reproductive Health. Volunteers should be attracted more since they are the main instrument of information spread among youth.⁹⁴³
- Digital Platform Innovation Project is a successful project that attracted the youth. Using this digital platform/ short lessons on Reproductive Health and HIV. More than 30 interviews were conducted with experts. Relevance and Interest is growing because youth used mostly digital tools for learning. More of digital innovations should be implemented in project activities.⁹⁴⁴
- After online trainings, continue on-the-job training through supportive mentoring/mentoring visits; 2) consider the need to provide condoms to health care organizations to increase condom availability to vulnerable groups (as currently condoms are only distributed by the Global Fund through NGOs); 3) Strengthen and expand efforts to prevent sexual transmission of HIV to the general population, including programs to promote condom use (due to the increasing growth of sexual transmission of HIV); 2) Make the HIV component of the next UNFPA country program a separate, stand-alone component⁹⁴⁵;
- To support and establish a mechanism for providing STI services to PWID, especially for those released from prison (testing, counseling, partial payment for services, peer-to-peer approach); 2) more activities involving youth (include youth in the Country Coordinating Mechanism, other decision-making platforms, etc.); 3) include narcologists in the training of doctors on providing integrated SRH and HIV services to bring PWID closer to these services⁹⁴⁶;
- To support work on conducting a study on accessibility of medical/social services (including preventive services) for key populations (including youth); 2) to support work with mothers of HIV-infected adolescent children/adolescent girls (how to explain SRH issues to them, to work on socialization of these children); 3) to support research

among women living with HIV and women with disabilities who have been subjected to domestic violence (travel to remote areas); 4) when conducting trainings, consider the need to provide materials on SRH and in Kyrgyz language (presentations)⁹⁴⁷;

- To achieve more effective results - to review the focus and amount of funding for activities aimed at working with key populations (increase funding for this area, to involve other NGOs working with key populations in active work as well); 2) constant updating and use of modern approaches to work in the context of SRH and HIV (global trends are constantly changing and international guidelines (SWIT, MSMIT, TRANSIT) no longer cover many relevant issues (chemical sex, destigmatization of sexual needs of key populations, etc.); 3) maintain involvement of implementing partners, NGOs working with key populations, at all stages of joint activities; 4) it is necessary to remove bureaucratic moments, to simplify procedures for more effective work. It is desirable to make trainings for implementing partners simpler, more interesting, and longer in time; 5) to consider extending the duration of projects to be more effective (given the high volume of work, difficulties in working with key groups, the marginalization of these groups, etc.).⁹⁴⁸;
- To strengthen the focus of work on adolescents (support for adolescent services / development of training programs, materials, training, information / materials on healthy lifestyles and reproductive health; work together with the MOES: development of interactive classes / using games, etc.); 2) to strengthen interagency cooperation on family planning (not only the responsibility of MHSD), information work with other agencies (civil society) to form a proper understanding of this issue; 3) continue to develop an action plan on family planning until 2030; support in the implementation of the National Action Plan until 2024; 4) develop a strategy for family planning; 5) support family planning information systems (reliability, quality of data); 5) support outreach, with the participation of civil society⁹⁴⁹;
- Given the national priorities and the fact that the work on family planning is quite complex, to develop tools to work with men, with the same large-scale activities that were carried out with women (role-playing games, meetings, including with representatives of religious institutions, etc.); 2) to support, continue work on developing information sheets on electronic prescriptions, online counseling hotline, etc.)⁹⁵⁰;
- For the Ministry of Health it is important to get feedback from international development partners on their contribution (activities) to the implementation of the Government Program "Healthy People - Prosperous Country"/impact on a particular indicator (possibly prepared jointly with sector specialists of the Ministry of Health), to form a general report to the Government of the Republic on the health system as a whole; 2) present/discuss plans in Ministry of Health, with participation of management (not only heads of departments or chief specialists)-WHO experience (2-year agreement with MoH; presented components, amounts, indicated coordinators/responsible persons; 1 semiannual discussion of implementation of this agreement/presentation, correction of measures, if necessary)⁹⁵¹;
- To support follow-up supervisory visits (after theoretical training), on-the-job training in practical skills, which would improve the quality of services provided and provide an opportunity to receive feedback from medical professionals; 2) expansion of the list of persons of medical and social risk group for the provision of free contraceptives⁹⁵²;
- To train all managers of health care organizations and other stakeholders on the developed Methodological Instruction (MISP); 2) Develop a training program on the mechanism of interagency interaction in emergency situations and introduce it into the training cycle at the Department of Traumatology, Orthopedics and Disaster Medicine of KSMIIPK for managers of healthcare organizations (currently they teach only the principles of first aid, i.e. clinical issues), because the emergency situation in the country in connection with COVID-19 showed that 95% of managers are not competent in these issues; 3) to finalize the "Methodological Instructions" taking into account bio-social emergencies (the need for this was shown by the emergency situation in the country in connection with the COVID-19 pandemic)⁹⁵³;
- To start working with big data; 2) expand the range of strategic partners (Internet Alliance, pop culture, etc.) - UNFPA could include there information on SRH, which would be presented in a different language, non-traditional in terms of today (for example, through pop culture, especially in the Kyrgyz language). Disseminate information in the form of press releases in social networks - this is no longer a relevant format for the perception of young people; 3) use the expertise and capacity of the civil sector (KAPS, ARH) and disseminate/publicize its results (including on gender issues)/ the work done by local experts will be actively used in strategic advocacy in the future, including by international agencies themselves (so that not technical experts, but heads of international agencies will speak, using the work of local experts)⁹⁵⁴;
- To support the activities in the National Action Plan (as it identifies very important activities in many areas: product safety, demand, accounting and reporting, information/education programs using innovative methods for youth/adolescents, etc.); 2) support the development of clinical protocols/guidelines/algorithm for the

management of pregnant women with extragenital pathology/clear referral standards (every year the pathology is growing; and clinical protocols for certain somatic nosologies do not contain recommendations/algorithms for the management of pregnant women with this pathology); 3) continue to work to improve accounting and reporting, together with the Center for e-health: support and development of the Register of women of medical and social group, training (including online) to maintain accounting and reporting forms, the use of the developed Monitoring tool and Instructions for health care providers; 4) to support the revision of the clinical protocol on cervical cancer (approved in 2010), the development of a clinical protocol on precancerous cervical conditions (there is a fact of unjustified surgical interventions for cervical pathology); 5) Improve communication between UNFPA and the Ministry of Health so that there is trust and more concerted action on certain issues⁹⁵⁵;

- To pay more attention to youth (SRH, education in this area) with a comprehensive, strategic approach (there is a division of responsibility between agencies - if one agency does something, then others should not do it, but this is the wrong approach, it need to reconsider); 2) continue to support the provision of contraceptives to women from vulnerable groups (creation of a clearer and clearer system of distribution of contraceptives; inclusion of young people in vulnerable groups (given that reproductive behavior practices are formed at a young age/ there is limited access to services and information) or create a separate strategic direction, where young people will have access to contraceptives; 3) support and develop youth-friendly services, promote the creation and development of adolescent services (because the health of the population is deteriorating and it all starts with youth); 4) Integrate gender issues into all program components, rather than separate them (review strategically, so that gender is not a separate program component, but is immediately integrated into all other components). There is a gender expertise of legislation, but in the formation of regulatory documents, the development of clinical protocols, no one looks at the language of gender-sensitive, at the opportunities that this document opens or closes for women and men, etc.; 5) create new formats for SRH-related services relevant in emergencies (review issues related to e-health/medicine, online consultations, etc.) to make it all work; 6) continue to work towards statistics, not only as a form to convince decision-makers to allocate funding, but also statistics as an argument to convince people (clear interpretation of persons, what should be compared to what, etc.); 7) to support the country analysis of statistics in connection with emergencies (what and how is collected, how and by whom is used, semi-open data - where to get them, what are the challenges at the level of various ministries and agencies and those organizations that accumulate these statistics, what needs to be improved, etc.), which can be used in the future decision-making (at the level of the MoH, MoES, NOCP and others); 8) continue to support the development of clinical protocols and training at least at the national level, using a systematic approach (according to the principle - what next?), so that the training could be cascaded to all regions (for example, to create motivation - a trained specialist will receive a certificate if he passes knowledge on the new protocol at least to several colleagues in his organization, etc. Training packages and documents received by hand can also serve as motivation). I.e. to create certain groups of carriers of new information, which can transfer this knowledge further; 6) to give more freedom to national implementing partners, to revise the standard of payment for national coaches, to reduce bureaucratic requirements for paperwork and funding (affects the quality of program execution)⁹⁵⁶;
- To: 1) provide technical support to Bishkek organizations providing care to pregnant women, women in labor and childbirth, clinical protocols, etc.; 2) continue to support the Ministry of Health and Social Development to develop clinical protocols and training of health workers (including practical skills, online training); 3) provide methodological assistance, using international experience, to the Ministry of Health and organizations of Bishkek on a permanent basis⁹⁵⁷;
- To consider involving local specialists in practical seminars on family planning (through KSMIIPK) - team work with participation of regions (less money would be needed); 2) conduct practical trainings on insertion/removal of IUD for midwives (as there are almost no trained specialists left), this would improve access to this service for women at risk; 3) support development of clinical protocols on extragenital diseases in pregnancy (no algorithm, narrow specialists avoid consultations/fear). Subsequently, to train specialized narrow specialists on these protocols as well; 4) to develop a clinical protocol/guideline/ or unified format of screening for cervical pathology, cervical cancer; 5) to support training seminars on family planning in the regions of the republic at PHC level (there is a great need for this); 6) to support work with Village Health Committees (VHC) - informing population on family planning, abortion prevention; involve pregnant women on antenatal care, etc.); 7) to strengthen work in relation to adolescents (restore youth-friendly services at the country level; prevention of early marriage, domestic violence, especially against adolescents (growth of early marriage and violence), consequences of it, etc.); support development of Guidelines or clinical protocol on adolescent services (there is no normative document at the moment, there are contradictions in regulatory acts; many doctors have difficulties). To collect in a single document the issues of SRH, early marriage,

violence, etc., so that there would be one source for doctors on adolescents; 8) to conduct training on the developed "Monitoring tool to determine the effectiveness of contraceptive use for categories of persons in the medico-social risk group" to make it work, since the document is difficult to perceive; 9) continue support for informing the population (creating videos (for example, about the possibility to get IUD in the Family Medicine Center); work in social networks, with cell phones (for example, informing by texting, following the example of the Ministry of Emergency Situations), development of booklets (doctors hand out at appointments / Rural Health Committees), etc.). Provision of information to the population should be carried out on an ongoing basis, not from time to time (think about how to make it sustainable)⁹⁵⁸;

- To develop a clinical protocol for sepsis and septic shock (very relevant: currently there is not a single protocol on the subject, poor diagnosis, not enough knowledge on treatment, hence, poor registration; in 2016, the criteria for sepsis and septic shock have changed dramatically worldwide; even in developed countries sepsis is one of the leading causes of death) with subsequent implementation (must combine theoretical training with practical assistance); 2) develop a clinical protocol for respiratory support in obstetrics (noninvasive ventilation/EVL), including patients with COVID; 3) resume technical support for confidential maternal death review committee meetings (currently no clear guidelines, organization of this work)⁹⁵⁹;
- To strengthen the focus on improving the capacity of decision makers at all levels (from the head of the country to aiyl okmotu) in SRH, not to leave issues only at the level of the medical community (for example, maternal mortality is one of the important indicators of the development level of the country), but to look wider; 2) advocate increased state funding for reproductive health and family planning (as one of the priority issues for the country) in Jogorku Kenesh, the Ministry of Health and Social Development; 3) support the development of telemedicine in the field of reproductive health and family planning, as well as other innovations; 4) strengthen support for work with the population on reproductive health (UNFPA has a very small budget for this area, other agencies do not support this work at all; the Work Program of the Republican Center for Health Promotion does not even have this topic) - larger activities are needed, at the country level; 5) to increase the capacity of family medicine specialists (family doctors and nurses), as they must conduct preventive work on reproductive health issues; development of preventive programs for family medicine specialists on SRH; 6) involvement of professional associations in monitoring the implementation of programs on reproductive health; 7) strengthening inter-sectoral cooperation, involving other ministries and agencies in SRH activities (e.g. involving specialists from the State Registration Service, Ministry of Education, Agency for Youth, Physical Education and Sports, Migration Service, etc. in Mother's Day, other reproductive health activities, rather than conducting it only within the Ministry of Health); 8) build the capacity of implementing agency staff to learn about best practices from other countries, international successful experiences in developing and implementing reproductive health strategies; conduct targeted trainings for implementing partners to improve their capacity (discuss jointly issues/directions of these trainings); 9) Provide implementing partners with more freedom of action and trust: the ability to analyze by themselves, choose experts, organize events, etc.; 10) Improve communication on funding issues: discuss with FTI the boundaries / possibilities of changes in funding, be more flexible in this matter. Consider supporting the logistician in organizing the IP (currently the program coordinator and logistician are one person, it is difficult for one person to cope with a large volume of activities, which affects the efficiency and quality of work)⁹⁶⁰;
- To support the work on the organization and management of drug supply chains (development of the Strategy and Strategic Plan for Supply Chains; creation of the Coordination Council under the MoH to organize effective work on drug supply chains, etc.); 2) expansion of the list of contraceptives in the List of Vital Drugs; 3) constantly (include in the plan) to conduct an audit and evaluation of current legislation, regulatory framework in the field of drugs and reproductive health in order to provide effective and safe drugs, including contraceptives (what needs to be corrected, harmonized?); 4) support digitalization of drug supply chains, integration with other electronic products in the health system; 5) advocate with drug manufacturers/applicants (private sector) on contraceptives to increase their diversity (choice) and level of state registration; 6) advocate for continued state procurement of contraceptives, including through UN agencies, given the availability of state registration of drugs; 7) develop bylaws on procurement of drugs (including contraceptives) through UN agencies⁹⁶¹;
- To develop a common, integrated Drug Supply Chain Strategy (including contraceptives); 2) ensure transparency within this system (development of an information system to track the movement of drugs, integration with other information products); 3) conduct a situation analysis/study on the use of contraceptives in the Complementary Drug Package (causes of underuse)⁹⁶²;

- To review methods of work: expand the range of experts, to be completely "transparent" (priorities / money / expected results); 2) continue to work on the development of protocols / standards, focus on preventable causes of maternal mortality. If protocols are developed and not enough results - look for the cause; 3) support the development of new technologies (simulation rooms, translation of clinical protocols into electronic / reference format, video format)⁹⁶³;
- To support an in-depth analysis of the situation of midwives in Kyrgyzstan (not only quantitative, but also qualitative, to identify existing challenges); 2) to conduct activities to support delegation of authority to midwives at the strategic level (MoH&SD); 3) to support activities at the health organization level, taking into account the lessons learned from the pilot project on delegation of authority to midwives for physiological births⁹⁶⁴;
- To deepen and expand the range of contraceptive purchasing; 2) expand family planning education (more creative, creative) as people do not know their rights/ negative consequences, including informing about women's rights to contraceptives in the State Guarantee Program; 3) use new technology for education issues, starting in adolescence (online education, etc.) so that there is a way to track whether or not education/ tests are passed; 4) further support for purchasing, expanding the list of contraceptives for women in the medico-social risk group; 5) activities to increase transparency and accountability in budget policy (both the Ministry of Health and the MHIF); 6) supporting the civil sector - forming a large coalition in the country to advocate for the purchase of contraceptives (otherwise it will be very unsustainable)⁹⁶⁵;
- To support all the developments made to their logical completion and sustainability; 2) continue the focus on improving the capacity of specialists using information systems (development of tools and materials for online training); 3) to support training of key personnel in conducting comprehensive data analysis using modern electronic analytic systems that also allow for data visualization (such as Tableau), to support the acquisition of this system for the eHealth Center, including for the presentation of visual information on reproductive health and family planning at the eHealth Center website; 4) support the finalization of the "Registered Population" database to obtain output data on women at risk and its integration with the DHIS2 platform; 5) support work on the revision and expansion of the risk group, taking into account suggestions from service providers in the regions⁹⁶⁶;
- To support the development of protocols on extragenital pathology (the causes in the structure of maternal mortality are increasing); 2) to support the development of protocols / algorithms for the management of pregnant women with pathology for the primary care level (outdated), to raise the level of primary care specialists (theory / practical skills), which will reduce complications, including at the hospital level; 3) monitoring the quality of pregraduate education (including in the direction of training future specialists in reproductive health), identifying problems and developing recommendations (insufficient quality of pregraduate training, with the introduction of a 3-year paid residency, graduates are forced to work somewhere else in parallel to earn money, to feed themselves (dominant), in connection with what suffers the main work in obstetrics, quality of training young doctors, etc.); 4) to support the development of clinical guidelines/protocols for the development of practical skills in obstetrics and gynecology: laparoscopic surgery, uterine vascular embolization for uterine myoma, placenta previa, organ-preserving surgery, etc.), since practitioners have very limited opportunities to train somewhere (or support training with the participation of external experts); 5) monitor/study the effects of COVID-19 on pregnancy outcomes (there are certain characteristics in newborns born to women who have had COVID during pregnancy) with recommendations for prevention; 6) continue technical support for off-line meetings of the CEMD Committee (on-line is not as effective)⁹⁶⁷;
- When developing materials for practicing physicians, adhere to the following principles: more visibility (diagrams/algorithms), accessible, short and informative (no time to read large manuals); 2) when supporting informational work with the population, use more modern tools/technologies; 3) discuss the next program with a wide range of interested people – «truth is born in an argument»⁹⁶⁸;
- It is important to continue working with parliamentarians of the new convocation, so that the government and parliamentarians do not forget about SRH issues; 2) continue expert support to parliamentarians (as these issues may be considered non-priority), so that the parliament can set SRH tasks for the government and demand from the government to fulfill them (the government is accountable to the parliament); 3) continue informing the population by various methods (more coverage of SRH and family planning issues through public channels, muftiat, religious leaders, etc.); 4) train the staff of experts of the Committee on Social Policy who directly conduct this work; 5) it is necessary to advocate on the issue of maintaining and increasing state funding to purchase contraceptives for women from vulnerable groups (protection of this article, keep this issue under control); 6) work with contraceptive suppliers (pharmaceutical companies) to reduce the cost of contraceptives (for example, involving representatives of pharmaceutical companies in visits to the regions together with parliamentarians to increase their knowledge, commitment to this

issue); work on pricing policy (through a state program); 7) support the possibility of participation in international forums, meetings of representatives of Parliament, government, the business community, religious leaders for wider coverage of SRH issues⁹⁶⁹;

- To support Critical Case Studies - adaptation of the electronic platform on CCS (many lessons learned - "school" for practitioners): familiarization, adaptation, integration into existing electronic systems, training of obstetrics coordinators, IT specialists and other stakeholders who will collect, analyze, develop recommendations, present; 2) continue revision/ development of national clinical protocols; 3) to develop an organizational algorithm/routing system for women with extragenital diseases (starting from the moment of pregnancy planning, for specialists of all levels, including FAP), so that such women would have no barriers/restrictions to access to quality medical services (extragenital pathology is the leading cause of maternal mortality); 4) maintain support for CEMD: the ability to integrate into e-health (eliminate the human factor / save time in preparing, forwarding histories) by automating the process of collecting cases, anonymizing, forwarding to the CEMD Committee; 5) Support for training (KSIRPD cannot quickly cover the whole country with training on new protocols), including supervisor visits (since midwifery is a practical profession) - practical on-site training is needed (good experience/feedback available)⁹⁷⁰.

GENDER:

Directions for activities

- Continue to address sexual violence issues⁹⁷¹.
- Engage on gender issues and think about how to do this in relation to changing political leadership⁹⁷²
- Continue to support the 117 hotline⁹⁷³
- Think about engaging new non-traditional donors⁹⁷⁴
- Work on intersecting forms of discrimination and violence⁹⁷⁵
- Services for victims of violence are a problem area, so feedback is needed - create monitoring mechanisms for service delivery⁹⁷⁶
- Contribute to the development of tools and criteria for police violence assessment work⁹⁷⁷
- Continue to build the capacity of the Spiritual Administration of Muslims of Kyrgyzstan, the State Commission for Religious Affairs under the President of the Kyrgyz Republic, religious organizations, educational institutions⁹⁷⁸
- Continue to support NGOs to provide services to the population⁹⁷⁹
- Support the Ministry of Health and Social Development (MHSD) to develop correctional programs.
- Promote the development of services for victims of violence at the municipal level⁹⁸⁰
- Actively involve government officials in trainings, especially from key departments. For example, in the Ministry of Emergency Situations, this translates into commitment to gender and violence issues⁹⁸¹.
- Continue to improve the capacity of government agencies, especially in terms of interaction⁹⁸²
- Support the MHSD in mainstreaming the gender agenda⁹⁸³

What needs to be improved in the activity

- Documenting your own experiences and visualizing them⁹⁸⁴.
- Reflection on own approaches to achieve transformative results⁹⁸⁵
- It is necessary to approve products and results of trainings in the field⁹⁸⁶.
- Need training materials in Kyrgyz language⁹⁸⁷
- To take into account the specificity of key groups for whom gadgets, forms to fill in, time for trainings are specific⁹⁸⁸
- Need to simplify language to achieve project results⁹⁸⁹

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- UNFPA has supported establishment of mechanism for interagency interaction on gender based violence, now it is advisable to facilitate monitoring of interaction⁹⁹⁰
- Few hard data for analysis, so analysis of law enforcement practices on violence is needed⁹⁹¹

Procedures:

- Give more time to implement projects. For example, something that takes 8 months to implement requires at least 1.5 years⁹⁹².
- Practice a steady flow of funds and tranches, don't stress IP when you have to implement a year's plan in a month⁹⁹³
- Assist IP in filling out atlas in English, advise before project launch on budget and composition of administrative project team⁹⁹⁴.
- Shape IP's budget for the entire project period so they can see the integrity and be confident⁹⁹⁵.

What must be done? Innovated?

- Programs need to work at the local level to have an impact. Regional sites need resources⁹⁹⁶
- Reproductive Rights Act monitoring tool to be adapted to monitor the Gender Equality Act⁹⁹⁷
- Exit strategy needs to be developed⁹⁹⁸
- Clinicians need sensitization to work with key populations such as transgender people and sex workers⁹⁹⁹
- Capacity building for IP staff themselves¹⁰⁰⁰
- Involve all key populations in all processes, expand programs, ensure inclusion¹⁰⁰¹
- Involve young people in our sites, and generally develop a youth focus¹⁰⁰²
- Maintain a consistent approach to program delivery, as well as continuity¹⁰⁰³
- Share experiences in family planning awareness, reproductive health with Turkey, Malaysia, Indonesia, countries of Arab region¹⁰⁰⁴
- Project piloting mode should be no less than 6 months. Otherwise, state authorities refuse to cooperate with IP¹⁰⁰⁵.
- It is required to conduct trainings for Ministry of Emergencies at local level, in separated regions, because all life is at community level¹⁰⁰⁶.
- Facilitating the formation of a pool of Kyrgyz-speaking psychologists¹⁰⁰⁷
- Promotion of the active involvement of the Ministry of Internal Affairs in the implementation of correctional programmes¹⁰⁰⁸
- Assistance in creating women's units in the Ministry of Internal Affairs to investigate cases of violence¹⁰⁰⁹
- Gender violence must be reflected in all development plans and in the educational programs of schools and kindergartens¹⁰¹⁰
- Support in piloting the activities of Domestic Violence Prevention Committees, which already show effectiveness in preventing violence¹⁰¹¹.
- Work closely with the Spiritual Administration of Muslims of Kyrgyzstan so that the issues of violence are covered in the juma prayers¹⁰¹².
- Pay attention to women's health issues, targeting them. For example, it is necessary to raise awareness on the health of women of post-reproductive age¹⁰¹³.
- Women's health issues need to be combined with men's health and gender issues so that there is a comprehensive understanding¹⁰¹⁴.
- Awareness-raising for girls on reproductive age is welcome, linking it to the age of marriage, to prevent early marriage¹⁰¹⁵.
- Emphasize prevention, early intervention on violence¹⁰¹⁶
- Need to support the only municipal crisis center, help develop a whole algorithm of actions¹⁰¹⁷
- To develop a set of services for victims of violence where she could get medical counseling and treatment not related to violence in the shelter/crisis center¹⁰¹⁸
- To think about cooperative programs to increase impact¹⁰¹⁹
- Strengthen the M&E system¹⁰²⁰

YOUTH:

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- Involve religious community representative at early stages of youth/GBV activities; promote CSOs role to public officials; pay attention to work at regional level, legislation implementation, strategic advocacy, behavior changes¹⁰²¹;
- Improve youth policy within UN system; support work with youth at regional level and dedicate more budget resources (from social-economic programme approved annually); strengthen capacity of public officials in working with youth, human rights, social entrepreneurship, inter-ethnic relationship¹⁰²²;
- Continue work on youth friendly services on HIV, SRH, disability¹⁰²³; cross-boarder peace building activity; work with youth through local self-governance as it ensures stability and sustainability¹⁰²⁴;
- Work with communities, including religious; advocacy of FP, SHR issues and available services¹⁰²⁵;
- Need to increase number and capacity of youth NGOs¹⁰²⁶
- Pay more attention to youth issues/problem in general and in improving tolerance, digital skills; more cross-boarder and regional projects/ activities¹⁰²⁷;
- Need for Youth centers, especially at regional level; more info about UNFPA work in youth area¹⁰²⁸;
- Provide alternative education to youth at early stages of their development; increase sexual education of youth together with religious communities (lead work with them)¹⁰²⁹;

P&D:

- Need for more programmers to design software; improve communication with mass media; introduce course on statistics in school and university curricula; prepare more experts in demography/statistics; assistance in gaining knowledge/skills in modern methodologies¹⁰³⁰;
- Disable: improve coordination among government institutions and other stakeholders; develop classificatory on disability; provide expert support¹⁰³¹;
- Open available data to public; establish data platform on NSC website – database of research, surveys, etc. for secondary use by academicians, students, etc. ¹⁰³²;
- Continue work with producing humanitarian related data connected to population with disaggregation by groups, levels (local/regional/national)¹⁰³³;
- Pay attention to aging issues¹⁰³⁴;
- Need to increase understanding of statistics, how to read and interpret it and its importance, especially among mass media; increase visibility of statistics; mobile application in addition to NSC site; lack of specialists¹⁰³⁵;
- Increase information campaigns for population in regions on FP through regional partners; support OSCE in evaluation of disability reasons (accidents at road and production, birth, etc.) in other regions not covered by OSCE;

UNFPA CO:

- It is desirable to document the results of peace building projects (success stories/changes, publications/films, etc.) so that there is an example that can be used in future work;
- A multi-year project would have a greater effect and impact, since due to the limited time frame for the project, it would be difficult to achieve behavioral change in people¹⁰³⁶;
- To strengthen integration / cooperation/collaboration among UNFPA programme components within the country office (currently underway, but weak)¹⁰³⁷;
- Additional staff are needed for the UNFPA office (M&E manager, programme coordinator, operations specialists)¹⁰³⁸; Also, it will be good to have deputy to Country Assistant¹⁰³⁹
- Need more IPs/ partners (like USAID, EU) for family planning; need to increase attention and investments to FP and link FP to broader issues¹⁰⁴⁰;
- Need for Goodwill Ambassador to promote UNFPA mission/ activity, for example on youth issues¹⁰⁴¹ ;
- Need to establish roster of consultants to prepare pieces for proposals to have ready to present concept paper¹⁰⁴²;

- Need to increase CO capacity as an institution and in separate programme areas¹⁰⁴³; Improve CO team work and internal management; more trust to IPs to delegate and promote their ownership¹⁰⁴⁴;
- Produce more audio/ video products, direct lines with population in Kyrgyz; prepare / provide more experts on UNFPA related issues to provide answers during live efirs; improve communication with population¹⁰⁴⁵;
- Important to combine capacity building and advocacy/policy activities within CP; need to implement results of supply chain evaluation¹⁰⁴⁶;
- More attention to digitalization, mobile applications, IT technologies with expert support of UNFPA regional/ global offices¹⁰⁴⁷;
- Continues achieved results in order not to lose gained achievements¹⁰⁴⁸;
- Actively implement result-based management into CO work; Positioning of UNFPA CO at regional/global UNFPA should be revised; increase work with Arab countries and private sector; more focused CP¹⁰⁴⁹;
- Need for IPs differentiation – same all the time; more local experts in all UNFPA areas¹⁰⁵⁰;
- Get rid of association with only SRH – increase weights of other programme areas¹⁰⁵¹;

CPE for Kyrgyzstan (2018 - 2022)*Abstract*

Subject of the evaluation. UNFPA support provided to Kyrgyzstan during 2018-2020

Purpose of the evaluation. The overall purpose of this CPE is to conduct an independent assessment of relevance, performance and sustainability of UNFPA support provided to Kyrgyzstan during 2018 - 2020, as well as to provide an evidence based analyses of gaps, needs and factors for facilitating the design of the next programming cycle.

Methodology.

The evaluation was conducted by a three-person team (team leader and two evaluators). The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. The collection of evaluation data was implemented online and offline using four main methods: 1) Desk review; 2) Key informant semi- structured group and individual interviews; and 3) Online survey. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned four evaluation activities. Limitations of the evaluation are related to COVID-19 pandemic, including disadvantages connected to remote way of evaluation performance and limited ability of evaluation team (ET) to interview UNFPA beneficiaries groups and visit sites where the Fund works.

Main conclusions.

- The 4th UNFPA Country Programme for Kyrgyzstan is adapted to the needs of the population, including the most vulnerable, aligned to the priorities set by international and national policy frameworks as well as with the UNDAF to a greater extent. However, at the end of the second year of implementation two additional outcomes were added to the one on SRH, namely: Gender Equality and P&D, but there was no revised CP description, no defined GE outcome baseline and target indicators and a lack of 'strategic' approach during strategic planning (however this was done as part of the Spotlight Initiative and another GBV project funded by the UK). At the same time there is a disconnection between CP Outcomes defined for SRH, GE and P&D components, when reporting is done by one more, namely Adolescents and Youth, and its output and outcome indicators are distributed among other three areas. All these issues confuse measurement of all CP output and outcome indicators and do not always allow to reflect the CO achievements effectively and correctly.
- UNFPA position to raise socially very sensitive and often inconvenient issues of SRH, FP, HIV, GBV gender-based violence in a politically unstable situation with increasing radicalization and tendency to adopt very conservative values in society contributed to relevance of the national policy designed and promoted by UNFPA along with other UN Agencies as well as its responsiveness to national interests and needs. However, while UNFPA presence at the national level is more visible, it lacks recognition at the regional and local levels.
- UNFPA prompt and proactive position, interventions and leadership in GBV and contributing to SRH in responding to COVID – 19 pandemic showed CO ability to get and provide evidence-based data needed for policy decisions, recognize needs of key population and those left behind. The UNFPA role in emergency situations, like COVID-19 pandemic, was recognized by government, civil society and development actors.
- During three years of the 4th CP implementation, UNFPA tried to switch its activity from building/ strengthening capacity of its partners to policy and advocacy work with them and find digital solutions to reach out to the most vulnerable, including key populations. However, in situations of political instability, changes in political and government structures, and newly appointed key public officials to Government, it is important to 'start capacity building/ strengthening over' of civil servants in order to 'catch up' with the level needed for addressing of the most vulnerable, including key populations' interests and needs according to international standards. Moreover, capacity building of civil society organizations and community members is likewise very important. In addition, COVID-19 pandemic showed importance of innovative solutions, like empowering women from religious communities as change agents for social norm changes.
- Evaluation shows the lack of integration of four programme areas at the project/ intervention planning and implementation levels, specifically among programme NPAs.
- While UNFPA is committed to the UN *Delivering as One* principle and achieving the three transformative results in programming and resource mobilization. Despite operating in a resource-constrained environment, UNFPA succeeded in mobilizing other resources than the core ones. Attempts of reaching out for assistance to non-traditional countries like Russia, China and India showed some promising results.
- The UNFPA activities contributed to better coordination of the UN agencies in Kyrgyzstan to a great extent.

Main recommendations

- The CO should focus on development of a new CPD that is aligned with the new UNFPA Strategic Plan 2022-2025 and that provide strategic directions to achieve universal access to SRH, realize reproductive rights for all and accelerate implementation of the ICPD Programme of action and focuses on accelerating the achievements of three transformative results leading to 2030 Agenda.
- UNFPA CO should expand predictable and flexible funding modalities and explore new funding resources by better integrating its components and having a programme specialist/ coordinator carrying out a resource mobilization function. At the same time, the CO should revise its strategy and tactics in exploring different sources of funds (both traditional donor funding and new ones), including 'out-of-box' thinking and expanding partnerships.
- UNFPA should strengthen its human resources and technical capacity, including but not limited to review of CO structure and increase of staff capacities, in order to advance country achievements in accessing SRH rights and the three transformative results and remain relevant to cover the emerging national development priorities.
- UNFPA CO in Kyrgyzstan has to promote awareness building on its mandate and uniqueness among public, especially at *local level*, development actors and donors, private sector and religious community at national and regional levels. And expanding partnerships for impact.

Programmatic recommendations:

All programme areas Recommendation: UNFPA should strengthen national capacity across all programme areas, including institutional, advocacy, policy as well as use of data for SRH, FP, GBV, A&Y, and population data.

Adolescent and Youth Recommendation: UNFPA should continue its lead work in the Adolescent & Youth programme area, focusing on: i) implementation of the Concept of Youth Policy by promoting the Action Plan approval, first; ii) continuing integration of *Healthy Life Style* course into the madrasah and vocational schools throughout the country; iii) expanding UNFPA work with youth and youth groups, especially at local level, through the SDG Youth Academy, civic education, online platforms and informal communication between government, religious leaders and civil society and groups.

Humanitarian / emergency preparedness and response (HEPR) Recommendation: UNFPA should strengthen the capacity of critical actors and partnership in HEPR area at national and local levels by enhancing existing interventions and exploring new approaches for timely, integrated, gender-transformative and peace-responsive activities and provision of life-saving RH supplies, dignity kits, PPEs, etc. as well as increase accessibility to data and the use of innovative methods in the provision of services in emergencies.

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¹ Prepared by the UNFPA CO Kyrgyzstan and updated in May, 2021

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49 Ministry of Labor and Social Development	Aikol Turganbaeva	F		

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52 Association of Crisis Centers	Tolkun Tulekova	F	Head	
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77 Ministry of Interior	Meder Karabaev	M	Specialist	

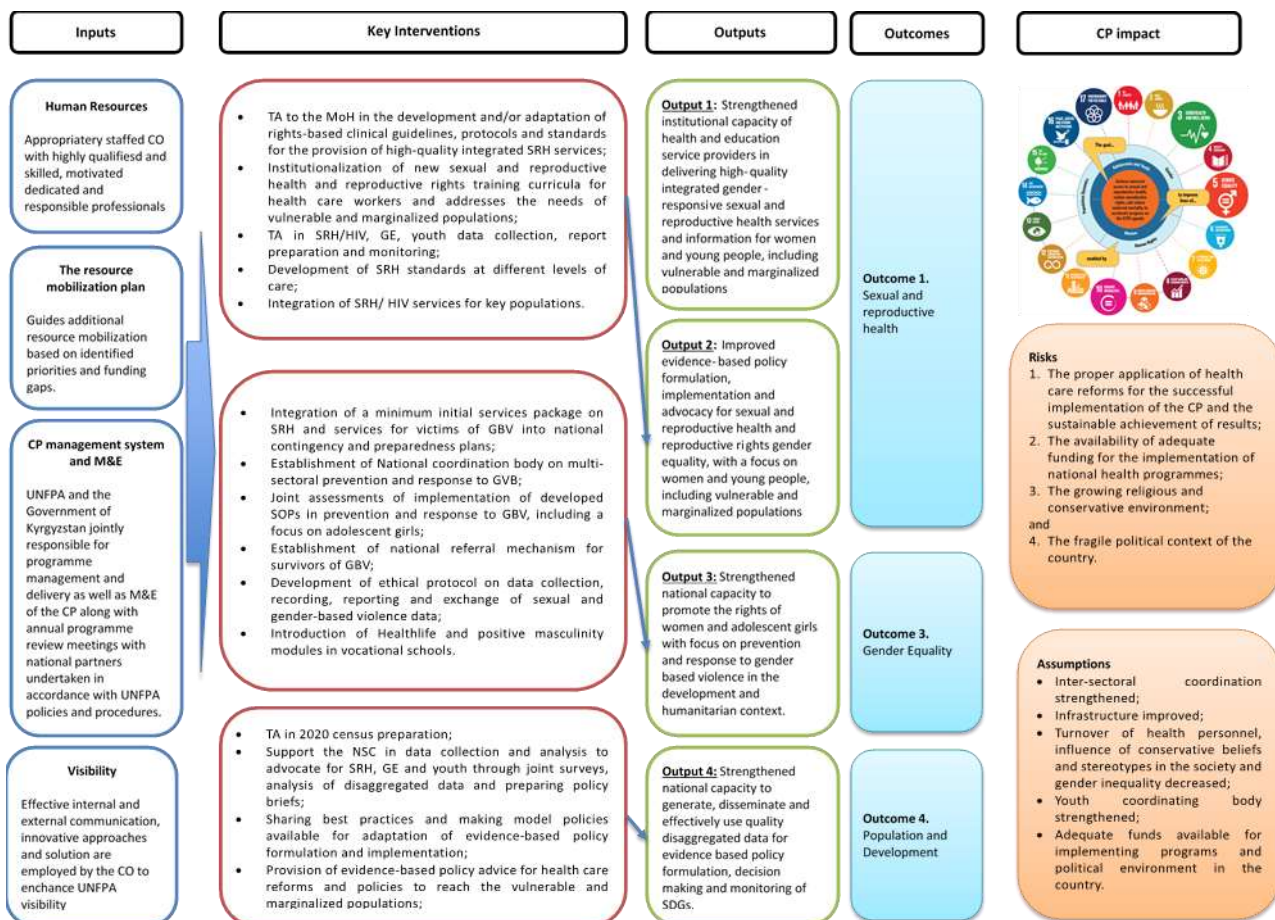
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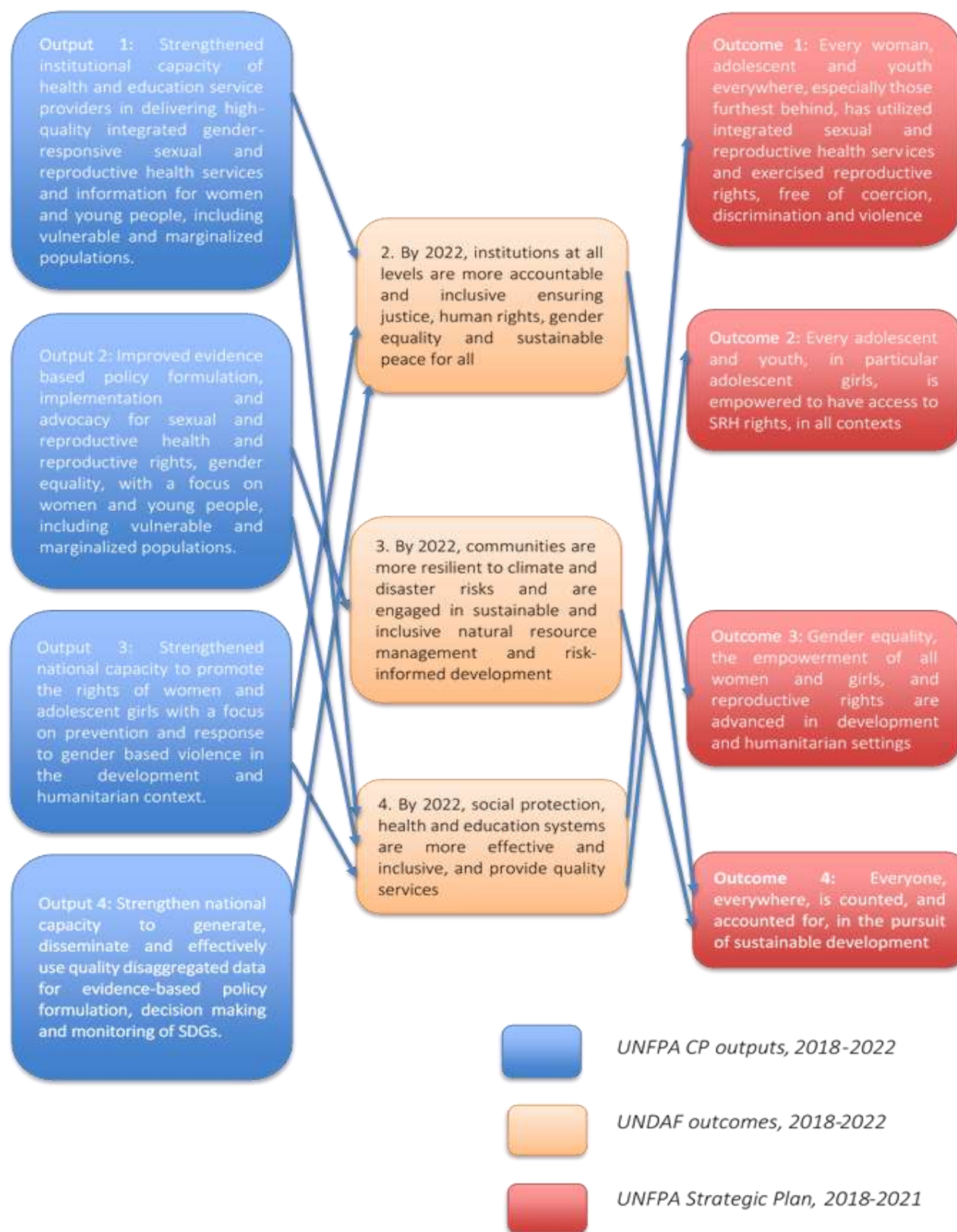
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UNFPA INTERVENTION LOGIC FOR 4TH CP BY PROGRAMME COMPONENTS



LINKAGES BETWEEN UNFPA CP OUTPUTS 2018-2022, OUTCOMES OF UNFPA STRATEGIC PLAN 2018-2021, AND OUTCOMES OF THE UNDAF



There were several instruments used by the ET to collect data, namely:

- Interview guide for online/offline key informant interview (KII)
- Online survey.

Methodology and collection instruments are presented below.

INTERVIEW GUIDE

Evaluation Questions Matrix

This matrix provides an overall list of guiding questions for each evaluation question, while noting the intended audience. This matrix served as the basis for the expanded, complete protocols that follow. The types of protocols are listed below include the representatives of the following **stakeholder groups**: (1) UNFPA Team in Kyrgyzstan; (2) Government of Kyrgyzstan at national and regional levels; (3) UNFPA implementing partners (CSOs, analytical centers, etc.); (4) UNFPA International/ UN partners:

EQ	1	2	3	4
Stakeholder group				
EQ1: Relevance - To what extent is the UNFPA support (i) adapted to the needs of the population with an emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UNDAF, as well as SDGs?				
EQ2: Effectiveness - To what extent have the intended programme outputs been achieved?				
EQ3: Effectiveness - To what extent did the outputs contribute to the achievement of the planned outcomes and what was the degree of achievement of the outcomes?				
EQ4: Effectiveness - To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?				
EQ5: Efficiency - To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?				
EQ6: Sustainability - To what extent have the partnerships established with ministries, agencies and other representatives of the partner government, development partners, CSOs and private sector allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?				
EQ7: Sustainability - To what extent have some of the results/partnerships built with government of other UN organizations being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?				
EQ8: Coordination - To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?				
EQ9: Added Value - What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?				

In addition to the proposed EQs, the ET will employ the following cross-cutting issues while evaluation the 4th CP, including:

- Three transformative and people-centred results in the period leading up to 2030;
- Gender Equality and Empowerment of Women (GEEW) intergration criteria²;
- Application of *Leaving No One Behind* policy, innovation and human rights in UNFPA programming, implementation, and monitoring.
- Integration of disability inclusion.

² i) Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? ii) Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques? iii) Do the evaluation findings, conclusions and recommendations reflect a gender analysis?

INTRODUCTION

Hello,

My name is _____ and I work for UNFPA to evaluate the Kyrgyzstan UNFPA Country Programme for 2018-2022. The overall objectives of evaluation include: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle. The specific objectives:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- To provide an assessment of country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

The evaluation covers Kyrgyzstan and the following four programmatic areas: reproductive health, adolescents and youth, gender and population and development planned and/or implemented during the period 2018-2020.

This interview is voluntary; you can withdraw at any time, either before or during the interview. There are no right or wrong answers. We want to hear your thoughts, based on your experience and your involvement with the activities. The interview should not take more than 60 minutes to complete. Following the interview, we may want to contact you again in a few days to confirm or clarify some of the information you have shared.

The information you provide us will be important to understand the achievements of the UNFPA and we may wish to cite this discussion in support of our findings. However, if you would like to remain anonymous, you may inform us of this now or at any time in the next week following this interview. If so, we will not attribute any information that we receive to you, either in any report, transcript or notes from this discussion, or any conversations that we may have with persons outside of our evaluation team.

Does the respondent wish to remain anonymous? **Yes** **No**

If you have no objection, we would like to record this discussion, but wish to assure you that all recordings and notes will remain confidential and will be kept in a safe place. The recordings will be used for analysis purposes only. Do you have any other questions about the study or this interview?

The study has been explained to me. My questions have been answered satisfactorily. I understand that I can change my mind at any stage and it will not affect me in any way.

Do you agree to participate in this study (automatic if interview is scheduled)? **Yes** **No**

RESPONDENT: _____ (INITIALS)

DATE: _____

GENERAL INFORMATION	
Date of interview:	___ month 2021
Place of interview:	<ul style="list-style-type: none"> • Bishkek • Municipality (please specify): <ul style="list-style-type: none"> • Osh • Jalal Abad, • Chui • Talas • Naryn • Batken • Issyk-Kul • Kant • Batken
Name of person interviewed:	
Respondent sex:	Male/ Female
Organization name:	
Organizational type:	<ul style="list-style-type: none"> • UNFPA Team in Kyrgyzstan • Government / Government Institution of Kyrgyzstan • Parliament • Academia • Municipality • UNFPA implementing partners • Civil Society • UNFPA Donors • UN institutions (UNDP, UNICEF, UNAIDS, etc.). • Other, please specify
UNFPA Programme Component	<ul style="list-style-type: none"> • Adolescents and youth • Gender equality • Population and development • Sexual and reproductive health • HIV • PBF • Other, please specify
Name of interviewer:	

Can you describe what interactions your organization and you yourself have had with a UNFPA activity(ies)?

List of issues to be discussed under each EQ (to be further developed after thorough document review)

Relevance

- The evidence of consultation through needs assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CP (Country Programme), updated periodically
- Separate programmatic areas are integrated in planning with cross cutting areas (partnership, resource mobilization, communication)
- The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs as well as national priorities
- Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalized and excluded population groups, and retargeted as needed
- Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme
- The objectives and strategies of the CP and the WPs are in line with the goals and priorities set in the UNPFA
- ICPD goals are reflected in the CP and programmatic area interventions
- The CP sets out relevant goals, objectives and interventions to develop national capacities
- Extent to which objectives and strategies of each programmatic area were adjusted and are consistent with relevant national and sectorial policies and SDG goals

- Extent to which the objectives and strategies of the CP have been planned with the national partners
- Extent to which interventions have been implemented with Government and community partners and through national systems
- The interventions supported by UNFPA were/are appropriate to positive changes in lives of most vulnerable and marginalized and excluded population groups (women, youth, disable, sexual diversities, etc.)
- To what extent have UNFPA programmes ensured a flexible and adaptive approach to ensure access to a continuum of comprehensive life-saving sexual and reproductive health and GBV prevention and protection services as part of the COVID-19 response and recovery efforts?
- To what extent were the short-term requests for COVID-19 response balanced against mid-term recovery needs?
- To what extent have UNFPA programmes ensured addressing the changing needs of beneficiaries as part of the COVID-19 response and recovery efforts?
- To what extent do the UNFPA COVID-19 response and recovery efforts conform to the principle of leaving no one behind and reaching those furthest behind first?

Effectiveness

- Have the intended programme outputs been achieved?
- Did the outputs contribute to the achievement of the planned outcomes, namely:
 - increased utilization of integrated SRH Services by those furthest behind,
 - increased the access of young people to quality SRH services and sexuality education,
 - mainstreaming of provisions to advance gender equality,
 - developing of evidence-based national population policies?
- What was the degree of achievement of the outcomes?
- Has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
- Number of gender responsive and costed policies that integrate SRH response to GBV
- Contribution to progress on Gender equality goals set out in the CEDAW, ICPD, and the MDGs
- Number of national legal instruments, policies and programmes promoting gender equality analysed and provided with evidence-based recommendations for improvement
- Number of institutions that have incorporated training curriculum on gender mainstreaming into program of regular trainings for civil servants
- Percentage of population reached through UNFPA communication campaigns *aimed at promoting gender equality*
- Guidelines for policy-makers on health-seeking behaviour promotion programming developed
- Number of community level health-seeking behaviour programmes implemented by community-based organizations in UNFPA programme regions
- National population census is implemented successfully and data are disseminated according to international standards
- Extent to which rights based analysis has been incorporated into formulation of national policies
- To what extent and in what ways has UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?
- To what extent has UNFPA ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, indigenous peoples, etc.) have the information they need, are protected against violence and have access to life-saving services?
- To what extent has UNFPA systematically incorporated and implemented data-driven, gender responsive and human rights-based interventions to maintain essential services, including quality sexual reproductive health and GBV prevention and protection services (including mental health and psychosocial support), within the framework of the COVID-19 response and recovery efforts?

Efficiency

- The planned inputs and resources were received as set out in the WPs and agreements with partners
- The resources were received in a timely manner according to project time lines and plans, or plans adjusted accordingly

- Inefficiencies were corrected as soon as possible
- Evidence that UNFPA leveraged resources from other sources
- Evidence of effective use of regional resources and participation in regional initiatives
- Communications targets
- Appropriateness of the UNFPA administrative and financial procedures for the implementation of agreed interventions including UN Delivering as One joint business operations
- Appropriateness of the use of resources and indications of cost efficiency
- Appropriateness of the mix of implementation modalities to promote an integrated approach
- To what extent was the country office able to adapt the level and the allocation of its resources with view to mitigating the consequences of the COVID-19 crisis?
- To what extent did UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) foster or, on the contrary, impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?
- To what extent has UNFPA appropriately used innovative technologies to respond to the COVID-19 crisis and mitigate its effects?

Sustainability

- What support do UNFPA provide to its partners and the beneficiaries in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects.
- Have UNFPA established the partnerships with ministries, agencies and other representatives of the partner government?
- How UNFPA uses its comparative strengths of UNFPA to safeguard and promote the national ownership of supported interventions, programmes and policies?
- Have some of the results of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?
- Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives
- Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts
- To what extent has UNFPA been successful in managing the threats to the sustainability of results caused by the COVID-19 crisis?
- To what extent have UNFPA COVID-19 response and recovery efforts contributed to strengthening national capacities and systems in the fields of SRHR, GBV prevention and protection and data?

Coordination

- Does UNFPA actively participate in UN working groups?
- Does UNFPA contribute to UN advocacy efforts?
- Any evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas
- Evidence of exchanges of information between UN agencies
- Evidence of joint programming initiatives (planning)
- Evidence of joint implementation of programmes
- Extent to which the UNPF reflects the priorities and mandate of UNFPA in Kyrgyzstan
- Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members
- Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members
- To what extent have issues pertaining to sexual and reproductive health and rights (SRHR) and gender equality and empowerment of women and girls, been adequately integrated and addressed in joint COVID-19 response and recovery programming?
- To what extent has the UNFPA country office provided leadership in GBV and SRHR coordination and contributed to effective coordination and complementarity within the framework of the United Nations Country Team (UNCT) collective response to the COVID-19 crisis?

Added Value

- What are the comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to

other UN agencies?

- What are the results observed in programmatic areas that have been achieved with UNFPA's contribution?
- What are the perceptions of national stakeholders in regard to UNFPA's added value?
- Perception by national stakeholders of the comparative strengths of UNFPA
- Please provide evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners
- Please provide evidence that UNFPA has established and maintained partnerships to ensure that UNFPA can make use of its comparative strengths

After detailed document review the ET will add other specific questions to assess the following cross-cutting issues:

- **Three transformative and people-centred results** in the period leading up to 2030. These include: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage;
- **Gender Equality and Empowerment of Women (GEEW)** intergeneration criteria³;
- Application of **Leaving No One Behind policy** (e.g. reaching most vulnerable groups and underserved, including persons with disabilities, LGBTI, elderly, Roma and Egyptians) in the UNFPA Kyrgyzstan activity, including UNFPA comparative advantages in data, population dynamics, reducing inequalities in health and education;
- Application of **innovation and human rights** in UNFPA programming, implementation, and monitoring. Specific focus will be given to human rights principles of participation and inclusion, equality and nondiscrimination in situation analysis, programme design, implementation and monitoring.
- **Integration of disability inclusion**, or 'the meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities (CRPD)⁴'.

³ i) Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? ii) Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques? iii) Do the evaluation findings, conclusions and recommendations reflect a gender analysis?

⁴ UNFPA Evaluation Office. Guidance on disability inclusion in UNFPA evaluation, 2020

ONLINE SURVEY

Letter from UNFPA to its stakeholders (in English and Russian)

Dear Colleagues,

This is to inform you that UNFPA Kyrgyzstan launched an evaluation of its 2018-2022 Country Programme (CP) for the recent three years (2018-2020), which started in February 2021. UNFPA Kyrgyzstan hired an international and two local independent consultants to conduct this evaluation and collect data on the results of three-year UNFPA-supported activities. You will be contacted by Ms. Lyubov Palyvoda, Ms. Olga Kindyakova, and Ms. Anara Niyazova.

The data collection through interviews will start in the second part of May 2021. In this regard, we would be grateful for your cooperation and support to the Evaluation Team and would appreciate sharing full and complete information related to UNFPA's activities and the general environment for needs, challenges and successes in areas such as sexual and reproductive health, HIV, youth, gender and population dynamics. The evaluation results will be shared with implementing partners and a wider stakeholder community to inform our joint efforts in tackling most important issues in the country.

We seek your cooperation in meeting with our evaluation team for interviews and participating in the brief online survey. We ask you to answer to survey questionnaire either in English or Russian by **May 17, 2021**.

A link to questionnaire in English – <https://forms.gle/cxsVUTNsEENKmpQ87>

A link to questionnaire in Russian - <https://forms.gle/7YAXZhkLLEwi9bsE8>

Many thanks for your cooperation.

Уважаемые коллеги,

ЮНФПА в Кыргызстане проводит оценку трех лет своей программы на 2018-2022 годы. ЮНФПА привлек трех независимых оценщиков для проведения этой оценки и сбора информации по результатам трех лет страновой программы ЮНФПА на 2018-2022 годы за период 2018-2020 годов.

Сбор информации и проведение интервью запланировано на вторую половину мая 2021 года. В этой связи мы были бы признательны за ваше сотрудничество и поддержку Группе оценки и были бы признательны за предоставление информации, касающейся деятельности ЮНФПА и общей информации по потребностям, проблемам и успехам в таких областях, как сексуальное и репродуктивное здоровье, ВИЧ, молодежь, гендерные аспекты и динамика народонаселения. Результаты оценки будут переданы партнерам-исполнителям и более широкому сообществу заинтересованных сторон для информирования о наших совместных усилиях по решению наиболее важных проблем в стране.

Мы надеемся на ваше сотрудничество во время встречи с нашей командой по оценке для собеседований и участия в кратком онлайн-опросе. Просим вас ответить на анкету на английском или русском языке **до 17 мая 2021 года**.

Линк к анкете на английском – <https://forms.gle/cxsVUTNsEENKmpQ87>

Линк к анкете на русском – <https://forms.gle/7YAXZhkLLEwi9bsE8>

Большое спасибо за сотрудничество!

ONLINE SURVEY QUESTIONNAIRE⁵ (in English)

Subject: Evaluation of UNFPA Country Programme 2018-2022

To whom it may concern,

UNFPA Kyrgyzstan has engaged three independent evaluators to conduct an evaluation of UNFPA Country Programme 2018-2022 for period of 2018-2020.

The purpose of the evaluation is to i) provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme; ii) to provide an assessment of country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results; and iii) to draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

We would like to ask you to fill out the attached questionnaire. We want to hear your thoughts, based on your experience and your involvement with the UNFPA programmes. The information you provide will be essential to understand the achievements and limitations of the UNFPA support in Kyrgyzstan for the last three years. We may want to cite your answers in support of our findings but we will ask your permission to do so. However, all information that we receive from you will remain confidential and will be kept in a safe place. The recordings will be used for data analysis purposes only.

The questionnaire should take no more than 20 minutes to complete. We would be grateful if you could fill it out by **May 17, 2021**. Following the questionnaire, we may want to contact you again in a few days to confirm or clarify some of the information you have shared with us. Your opinion is very important to us and we count on your support.

We hope for a good cooperation.

Yours truly,

Evaluation Team

LyubovPalyvoda, E-mail: palyvoda@ccc.kiev.ua;
Olga Kindyakova, E-mail: o.kindyakova.rmic@gmail.com;
Anara Niyazova, E-mail: anara.niyazova@gmail.com

⁵For UNFPA country office team, Government, Implementing partners, UN institutions

QUESTIONNAIRE

INSTRUCTIONS

Before providing your answers to the questionnaire, please read the instructions and questions carefully. The information you provide is extremely valuable in allowing us to properly understand your project and its achievements to date. The questionnaire is structured along the main evaluation criteria for UNFPA programmes (relevance, efficiency, effectiveness, sustainability) and several areas of specific interest of this assignment. Please answer ALL questions (if a question is not applicable or you don't know the answer, please put "0 - do not know". When you are asked to provide an explanation, please elaborate and provide examples, or a comment if needed.

Please provide the following information:

Your name:	
Organization name:	
Organizational type:	<ul style="list-style-type: none"> • UNFPA Country Office in Kyrgyzstan • Government / Government Institution of Kyrgyzstan • Parliament • Academia • Municipality • UNFPA implementing partner • Civil Society • Development Partners (EU, UK, etc.) • UN entity (UNDP, UNICEF, UNAIDS, etc.). • Other, please specify
Place of residence:	<ul style="list-style-type: none"> • Bishkek • Oblasts/region (please specify from the list): <ul style="list-style-type: none"> • Osh • Jalal Abad, • Chui • Talas • Naryn • Batken • Issyk-Kul • Kant • Batken
UNFPA Programme Component you/your organization participated in (select all apply)	<ul style="list-style-type: none"> • Adolescents and youth • Gender equality • Population and development • Sexual and reproductive health • HIV • PBF • Other, please specify
Types of activities you/your organization participated in (select all that apply)	<ul style="list-style-type: none"> • Advocacy work/ campaigns • Communication/ information campaigns • Capacity building (trainings, workshops) • Community empowerment • Policy work/advice • Technical assistance through targeted expertise • Development tools, including IT • Service/service delivery strengthening • Country preparedness, readiness and emergency response • Coalition/ networkbuilding • Educational curricula development • Implementation/organization of research/ study/ survey/ analysis • Guidelines/ manuals/ material development • Emergency response during the COVID-19 pandemic

FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)

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Please provide name(s) of UNFPA initiatives you participated in?

RELEVANCE

Please tell to what extent you agree or disagree with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

9. Have you been consulted while UNFPA was planning its activities for the current country program?	1 2 3 4 5 0
10. UNFPA conducted needs assessments, studies, and evaluations to identify needs and lessons learned prior to programming and during the CP	1 2 3 4 5 0
11. The needs of the population, in particular those of vulnerable groups), were taken into account during the programming process.	1 2 3 4 5 0
12. Cross cutting areas such as partnership and communication are reflected in the CP and programmatic area(s) of interventions	1 2 3 4 5 0
13. Target groups for UNFPA supported interventions are consistent with identified and evolving needs and national priorities	1 2 3 4 5 0
14. The interventions supported by UNFPA were/are appropriate to support positive changes in lives of most vulnerable and marginalized and excluded population groups (women, youth, disable, sexual diversities, etc.)	1 2 3 4 5 0
15. The CP sets out relevant goals, objectives and interventions to develop national capacities	1 2 3 4 5 0
16. UNFPA interventions have been implemented with Government and local partners	1 2 3 4 5 0
17. To what extent have UNFPA programmes ensured addressing the changing needs of beneficiaries as part of the COVID-19 response and recovery efforts?	1 2 3 4 5 0

EFFECTIVENESS

Please rate by 4-point scale (where 1- no, 2 – partly, 3 – in full, 0 – do not know) the extent to which:

18. UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning) are appropriately integrated into national development instruments and sector policy frameworks	1 2 3 0
19. UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including advocating for supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?	1 2 3 0
20. UNFPA policy advocacy and capacity building support helped to ensure that the needs of young people are appropriately integrated into national development instruments and sector policy frameworks?	1 2 3 0
21. UNFPA policy advocacy and capacity building support helped to ensure that gender equality is appropriately integrated into national development instruments and sector policy frameworks?	1 2 3 0
22. UNFPA policy advocacy and capacity building support helped to ensure that relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks?	1 2 3 0
23. UNFPA three global transformative and people-centred results (ending preventable maternal deaths, ending the unmet need for family planning, ending gender-based violence and all harmful practices, including child, early and forced marriage) have been incorporated into the formulation of national policies?	1 2 3 0
24. UNFPA ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, key populations, etc.) have the information they need , are protected against violence and have access to life-saving services?	1 2 3 0
25. UNFPA policy should target the most vulnerable (as part of its Leaving No One Behind policy). Do you think that this has been incorporated into the formulation of national policies?	1 2 3 0
26. UNFPA systematically incorporated and implemented data-driven, gender responsive and human rights-based interventions to maintain essential services, including quality sexual reproductive health and GBV prevention and protection services (including mental health and psychosocial support), within the framework of the COVID-19 response and recovery efforts?	1 2 3 0

FINAL EVALUATION REPORT: The 4th UNFPA CP for Kyrgyzstan (2018 – 2022)

27. Human rights based analysis (e.g. human rights principles of participation and inclusion, equality and nondiscrimination in situation analysis, programme design, implementation and monitoring) have been incorporated into the formulation of national policies?	1 2 3 0
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EFFICIENCY

Please **tell to what extent you agree or disagree** with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

28. The resources were received by the beneficiaries of UNFPA support in a timely manner according to project time lines and plans, or plans adjusted accordingly	1 2 3 4 5 0
29. The resources provided by UNFPA have had a leveraging/ triggering effect	1 2 3 4 5 0
30. The mix of implementation modalities allow for a smooth execution of the country programme as set out in the annual work plans (WPs) and agreements with partners	1 2 3 4 5 0
31. The country office was able to adapt the level and the allocation of its resources with a view to mitigating the consequences of the COVID-19 crisis ?	1 2 3 4 5 0
32. UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) foster or, on the contrary, impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?	1 2 3 4 5 0
33. UNFPA appropriately used innovative technologies to respond to the COVID-19 crisis and mitigate its effects?	1 2 3 4 5 0

SUSTAINABILITY

Please **tell to what extent you agree or disagree** with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

34. UNFPA established the partnerships with ministries, agencies and other representatives of the partner government	1 2 3 4 5 0
35. UNFPA provides to its partners and the beneficiaries support in developing their capacities	1 2 3 4 5 0
36. UNFPA provides to its partners and the beneficiaries support in establishing mechanisms to ensure ownership	1 2 3 4 5 0
37. UNFPA provides to its partners and the beneficiaries support in developing the durability of effects	1 2 3 4 5 0
38. UNFPA interventions contributed or are likely to contribute to ensure partners' ownership	1 2 3 4 5 0
39. UNFPA interventions contributed or are likely to contribute to ensure sustainability?	1 2 3 4 5 0
40. The interventions supported by UNFPA have/are contributing to positive changes in the lives of most vulnerable and marginalized and excluded population groups (young girls and women, youth, disabled, key populations, etc.)	1 2 3 4 5 0
41. UNFPA has exit strategies with government partners exist to hand over of activities and demonstrate readiness of national stakeholders to replicate activities	1 2 3 4 5 0
42. UNFPA been successful in managing the threats to the sustainability of results caused by the COVID-19 crisis?	1 2 3 4 5 0
43. UNFPA COVID-19 response and recovery efforts contributed to strengthening national capacities and systems in the fields of SRHR, GBV prevention and protection and data?	1 2 3 4 5 0

COORDINATION

Please **tell to what extent you agree or disagree** with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

44. UNFPA actively participate in UN working groups	1 2 3 4 5 0
45. UNFPA contribute to UN advocacy efforts	1 2 3 4 5 0
46. UNFPA participated in planning of joint initiatives	1 2 3 4 5 0
47. UNFPA participated in implementing of joint initiatives	1 2 3 4 5 0
48. UNFPA country office provided leadership in GBV and SRHR coordination and contributed to effective coordination and complementarity within the framework of the United Nations Country Team (UNCT) collective response to the COVID-19 crisis?	1 2 3 4 5 0
49. UNFPA effectively co-chaired the GBV sub-cluster during the COVID-19 emergency	1 2 3 4 5 0
50. UNFPA effectively contributed to the Health Cluster during the COVID-19 emergency?	1 2 3 4 5 0

ADDED VALUE

51. What are the comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies?
52. What is the UNFPA's added value?
53. UNFPA will soon be formulating a new 5-year Country Program within its mandate area (gender, youth, SRH, HIV, population and development).
- c) What activities the new CP needs to focus on? Please mark all appropriate from the list:
- Advocacy work/ campaigns
 - Communication/ information campaigns
 - Capacity building (trainings, workshops)
 - Community empowerment
 - Policy work/advice
 - Technical assistance through targeted expertise
 - Development tools, including IT
 - Service/service delivery strengthening
 - Country preparedness, readiness and emergency response
 - Coalition/ networkbuilding
 - Educational curricula development
 - Implementation/organization of research/ study/ survey/ analysis
 - Guidelines/ manuals/ material development
 - Emergency response during the COVID-19 pandemic
 - Other (please specify)
- d) Which target groups/vulnerable the new CP needs to focus on? Please mark all appropriate from the list:
- Young people/youth
 - Key populations
 - Women with severe chronic diseases,
 - Single mothers
 - Poor families (малообеспеченные)
 - Families living below the poverty line,
 - Survivors of gender-based violence,
 - People with disabilities
 - Women and girls with disabilities
 - Women and girls with intersecting forms of discrimination
 - Others (please specify)
 - Others (please specify)
47. Would you like to add or say something else that is relevant to this evaluation?

THANK YOU FOR YOUR TIME!

ONLINE SURVEY QUESTIONNAIRE⁶ (in Russian)

Тема: Оценка страновой программы ЮНФПА на 2018-2022 годы

Уважаемые коллеги,

ЮНФПА в Кыргызстане привлек трех независимых оценщиков для проведения оценки страновой программы ЮНФПА на 2018-2022 годы за период 2018-2020 годов.

Целью оценки является: i) предоставление независимой оценки прогресса страновой программы в достижении ожидаемых результатов и результатов, указанных в матрице результатов страновой программы; б) дать оценку позиционирования странового офиса (CO) в среде партнеров по развитию и национальных партнеров относительно, своей способности реагировать на национальные приоритетные потребности, и в) определить ключевые уроки из прошлого и нынешнего сотрудничества и обеспечить набор четких, конкретных, действенных, ориентированных на перспективу стратегические рекомендации в свете Повестки 2030 года для следующего цикла программирования.

Просим вас заполнить прилагаемую анкету. Мы хотим услышать ваши мысли, основанные на вашем опыте и вашем участии в программах ЮНФПА. Предоставленная вами информация будет иметь важное значение для понимания достижений и ограничений поддержки ЮНФПА в Кыргызстане за последние три года. Мы можем процитировать ваши ответы в поддержку наших выводов, но мы попросим ваше разрешение сделать это. Однако вся информация, которую мы получим от вас, останется конфиденциальной и будет храниться в надежном месте. Ваши ответы будут использоваться только для анализа данных.

Заполнение анкеты не должно занять более 20 минут. Мы были бы признательны, если вы могли бы заполнить его до **17 мая 2021 года**. После заполнения анкеты мы, возможно, захотим снова связаться с вами через несколько дней, чтобы подтвердить или уточнить некоторую информацию, которой вы поделились с нами. Ваше мнение очень важно для нас, и мы рассчитываем на вашу поддержку.

Надеемся на плодотворное сотрудничество.

С уважением,

Команда оценки

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⁶For UNFPA country office team, Government, Implementing partners, UN institutions

АНКЕТА

ИНСТРУКЦИЯ

Прежде чем отвечать на вопросы анкеты, внимательно прочтите инструкцию и вопросы. Предоставленная вами информация чрезвычайно ценна, поскольку она позволяет нам правильно понять ваш проект и его достижения на сегодняшний день. Анкета построена по основным критериям оценки программ ЮНФПА (актуальность, эффективность, результативность, устойчивость) и нескольким областям, представляющим особый интерес для данной оценки. Пожалуйста, ответьте на все вопросы (если вопрос не подходящий или вы не знаете ответа, пожалуйста, отметьте «0 - не знаю»). Когда вас просят предоставить объяснение, пожалуйста, объясните и представьте примеры или комментарии если нужно.

Пожалуйста, предоставьте следующую информацию:

Ваше имя:	
Название организации, которую Вы представляете:	
Тип организации	<ul style="list-style-type: none"> • Страновой офис ЮНФПА в Кыргызстане • Правительство / государственное учреждение Кыргызстана • Парламент • Академия • Муниципалитет • Партнер-исполнитель ЮНФПА • Гражданское сообщество • Партнеры по развитию (ЕС, Великобритания и др.) • Организация ООН (ПРООН, ЮНИСЕФ, ЮНЭЙДС и т.д.). • Другое (укажите)
Ваше место жительства:	<ul style="list-style-type: none"> • Бишкек • Область / регион (укажите из списка): <ul style="list-style-type: none"> • Ош • Джалал-Абад, • Чуйский • Талас • Нарын • Баткен • Иссык-Куль • Кант • Баткен
Программный компонент ЮНФПА, в котором вы / ваша организация участвовали (выберите все из подходящих)	<ul style="list-style-type: none"> • Подростки и молодежь • Гендерное равенство • Население и развитие • Сексуальное и репродуктивное здоровье • ВИЧ • Программы Фонда по миротворчеству • Другое (укажите)
Типы мероприятий, в которых участвовали вы / ваша организация (выберите все подходящие варианты)	<ul style="list-style-type: none"> • Гражданское представительство (эдвакиси) / кампании по защите • Информационные кампании/коммуникации • Повышение потенциала (тренинги, семинары) • Расширение прав и возможностей сообщества • Законодательная работа / консультации • Техническая помощь через целевую экспертизу • Инструменты развития, в том числе ИТ • Предоставления услуг/ улучшение услуг • Готовность страны, и готовность к экстренным ситуациям, экстренное реагирование • Коалиция / построение сетей

	<ul style="list-style-type: none"> • Разработка учебных программ • Осуществление / организация исследований / исследований/ опросов/ анализов • Разработка руководств / инструкций / материалов • Экстренная реакция во время пандемии COVID-19 •
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Укажите названия инициатив ЮНФПА, в которых вы участвовали?

АКТУАЛЬНОСТЬ

Пожалуйста, укажите, в какой степени вы согласны или не согласны с каждым из следующих утверждений о значимости поддержки ЮНФПА, 1 - совершенно не согласен, 5 - полностью согласен и 0 - не знаю.

1. ЮНФПА консультировался с вами, когда планировал свою деятельность в рамках текущей страновой программы (СП)?	1 2 3 4 5 0
2. ЮНФПА провел оценку потребностей, исследования и оценки для выявления потребностей и извлеченных уроков до разработки программ и во время СП.	1 2 3 4 5 0
3. Потребности населения, в особенности уязвимых групп, были учтены в процессе программирования.	1 2 3 4 5 0
4. Сквозные темы, такие как партнерства и коммуникации отражены в СП и в деятельности по программам	1 2 3 4 5 0
5. Целевые группы, поддерживаемые ЮНФПА, соответствуют выявленным и меняющимся потребностям и национальным приоритетам	1 2 3 4 5 0
6. Поддержка ЮНФПА были / является целесообразной для поддержки позитивных изменений в жизни наиболее уязвимых, маргинальных и исключенных групп населения (женщины, молодежь, люди с ограничениями, сексуальные группы, и т.д.)	1 2 3 4 5 0
7. СП определила соответствующие цели, задачи и меры по развитию национального потенциала.	1 2 3 4 5 0
8. Мероприятия ЮНФПА осуществлялись(ются) совместно с правительством и местными партнерами	1 2 3 4 5 0
9. Программы ЮНФПА обеспечивают удовлетворение меняющихся потребностей бенефициаров в рамках усилий по реагированию на COVID-19 и усилий по восстановлению?	1 2 3 4 5 0

РЕЗУЛЬТАТИВНОСТЬ

Оцените по 4- балльной шкале (где 1 - нет, 2 - частично, 3 - полностью, 0 - не знаю) степень до которой:

10. Деятельность ЮНФПА по разработке политик и наращиванию потенциала помогли обеспечить надлежащую интеграцию сексуального и репродуктивного здоровья (включая планирование семьи) в национальные инструменты развития и отраслевые политики	1 2 3 0
11. ЮНФПА смог обеспечить продолжение услуг и вмешательств в области сексуального и репродуктивного здоровья (включая работу по продолжению поставок современных противозачаточных средств и товаров для репродуктивного здоровья), а также борьбу с гендерным насилием и вредными практиками в рамках мер реагирования на кризис COVID-19 и усилий по восстановлению?	1 2 3 0
12. Деятельность ЮНФПА и поддержка в наращивании потенциала помогли обеспечить надлежащий учет потребностей молодых людей в национальных инструментах развития и в рамках отраслевой политики?	1 2 3 0
13. Деятельность ЮНФПА и поддержка в наращивании потенциала помогли обеспечить надлежащую интеграцию гендерного равенства в национальные инструменты развития и отраслевые политики?	1 2 3 0
14. Деятельность ЮНФПА и поддержка создания потенциала помогли обеспечить надлежащую интеграцию соответствующей динамики народонаселения в инструменты национального развития и отраслевые политики?	1 2 3 0
15. Три глобальные подходы по трансформации и человеко-ориентированные результаты (включая окончание предотвратимой материнской смертности, конец	1 2 3 0

неудовлетворенных потребностей в планировании семьи, прекращение насилия по признаку пола и всех видов вредных практик, в том числе ранних и принудительных браков), были включены в разработку национальной политики	
16. ЮНФПА обеспечил уязвимые и маргинализированные группы (например, молодых женщин и девушек, инвалидов, ключевых групп населения и т. Д.) необходимой информацией , защитой от насилия и доступом к жизненно важным услугам?	1 2 3 0
17. Политика ЮНФПА направлена на наиболее уязвимых (в рамках Политики "Не оставляя никого позади"). Как вы думаете было ли это включено в разработку национальной политики?	1 2 3 0
18. ЮНФПА систематически включал и реализовывал мероприятия, основанные на данных, учитывающие гендерные аспекты и права человека для предоставления основных услуг, включая качественные услуги в области сексуального и репродуктивного здоровья, а также услуги по профилактике и защите от гендерного насилия (включая психическое здоровье и психологическую поддержку) и услуги в рамках программы COVID- 19 по реагированию и восстановлению?	1 2 3 0
19. Анализ основанный на правах человека (например, принципов прав человека, инклюзии, равенства и не дискриминации при определении потребностей, анализа ситуации, разработки программ и их реализации и мониторинга) был включен в разработку национальной политики?	1 2 3 0

ЭФФЕКТИВНОСТЬ

Пожалуйста, укажите, в какой степени вы согласны или не согласны с каждым из следующих утверждений об эффективности поддержки ЮНФПА, где 1 - совершенно не согласен, 5 - полностью согласен и 0 - не знаю.

20. Средства были получены бенефициариями ЮНФПА своевременно и в соответствии с временными рамками проекта или планы были скорректированы соответствующим образом	1 2 3 4 5 0
21. Ресурсы, предоставленные ЮНФПА, оказали стимулирующий эффект (т.е. послужили привлечению дополнительных ресурсов/ финансов)	1 2 3 4 5 0
22. Сочетание разных видов/ подходов позволяют гладкое исполнение становой программы, как указано в ежегодных планах работы и соглашениях с партнерами	1 2 3 4 5 0
23. Становой офис был в состоянии адаптировать и распределить свои ресурсы с целью смягчения последствий кризиса COVID-19 ?	1 2 3 4 5 0
24. Системы, процессы и процедуры ЮНФПА (особенно с точки зрения финансов, партнерства, логистики, закупок и человеческих ресурсов) способствуют адаптации страновой программы к изменениям, вызванным кризисом COVID-19?	1 2 3 4 5 0
25. ЮНФПА надлежащим образом использует инновационные технологии для реагирования на кризис COVID-19 и смягчения его последствий?	1 2 3 4 5 0

УСТОЙЧИВОЕ РАЗВИТИЕ

Пожалуйста, укажите, в какой степени вы согласны или не согласны с каждым из следующих утверждений об устойчивости поддержки ЮНФПА, 1 - совершенно не согласен, 5 - полностью согласен и 0 - не знаю.

26. ЮНФПА установил партнерские отношения с министерствами, ведомствами и другими представителями правительства-партнера.	1 2 3 4 5 0
27. ЮНФПА оказывает своим партнерам и бенефициарам поддержку в развитии их потенциала.	1 2 3 4 5 0
28. ЮНФПА оказывает своим партнерам и бенефициарам поддержку в создании механизмов для обеспечения их ответственности и чувства собственности за результаты	1 2 3 4 5 0
29. ЮНФПА оказывает своим партнерам и бенефициарам поддержку в повышении устойчивости полученных результатов и эффектов	1 2 3 4 5 0
30. Действия ЮНФПА способствовали или могут способствовать обеспечению ответственности партнеров	1 2 3 4 5 0
31. Действия ЮНФПА способствовали или могут способствовать обеспечению устойчивости полученных результатов?	1 2 3 4 5 0
32. Поддержка ЮНФПА стимулировала или стимулирует позитивные изменения в жизни наиболее уязвимых, маргинальных и отчужденных групп населения (молодые девушки, женщины, молодежь, люди с ограничениями, ключевые группы населения, и т.д.)	1 2 3 4 5 0
33. У ЮНФПА есть стратегии работы с правительственными партнерами, которые позволяют передать наработки и продемонстрировать готовность национальных партнеров	1 2 3 4 5 0

заинтересованных в продолжении начатой деятельности	
34. ЮНФПА успешно справился с угрозами по обеспечению устойчивости результатов, вызванными кризисом COVID-19?	1 2 3 4 5 0
35. Усилия ЮНФПА по реагированию на COVID-19 и восстановлению способствовали укреплению национального потенциала и систем в области СРЗП, предотвращения и защиты гендерного насилия и данных?	1 2 3 4 5 0

КООРДИНАЦИЯ

Пожалуйста, укажите, в какой степени вы согласны или не согласны с каждым из следующих утверждений о координации и взаимодействию ЮНФПА с партнерами, 1 - совершенно не согласен, 5 - полностью согласен и 0 - не знаю.

36. ЮНФПА активно участвует в рабочих группах ООН	1 2 3 4 5 0
37. ЮНФПА вносит свой вклад в деятельность ООН по гражданскому представительству (Эдвокаси)	1 2 3 4 5 0
38. ЮНФПА участвовал в планировании совместных инициатив	1 2 3 4 5 0
39. ЮНФПА участвовал в реализации совместных инициатив	1 2 3 4 5 0
40. Страновой офис ЮНФПА лидировал в координации деятельности по гендерному насилию и СРЗП и способствовал эффективной координации и взаимодополняемости в рамках коллективных мер реагирования Страновой группы Организации Объединенных Наций (СГООН) на кризис COVID-19?	1 2 3 4 5 0
41. ЮНФПА эффективно председательствовал в подгруппе гендерного насилия во время чрезвычайной ситуации, связанной с COVID-19	1 2 3 4 5 0
42. ЮНФПА внес эффективный вклад в кластер здравоохранения во время чрезвычайной ситуации, связанной с COVID-19?	1 2 3 4 5 0

ДОБАВОЧНАЯ ЦЕННОСТЬ

43. Какие у ЮНФПА есть отличительные преимущества, как корпоративные, так и национальные, особенно в сравнении с другими агентствами/учреждениями ООН?

44. Какая у ЮНФПА добавочная ценность?

45. ЮНФПА скоро начнут формулировать новую пятилетнюю страновую программу в рамках своего мандата (гендерное равенство, молодежь, СРЗ, ВИЧ, население и развитие) .

А) На каких видах деятельности следует ЮНФПА сосредоточить свою работу в новой программе? Отметьте все подходящие из списка:

- Гражданское представительство (эдвокаси) / кампании по защите
- Информационные кампании/коммуникации
- Повышение потенциала (тренинги, семинары)
- Расширение прав и возможностей сообщества
- Законодательная работа / консультации
- Техническая помощь через целевую экспертизу
- Инструменты развития, в том числе ИТ
- Предоставления услуг/ улучшение услуг
- Готовность страны, и готовность к экстренным ситуациям, экстренное реагирование
- Коалиция / построение сетей
- Разработка учебных программ
- Осуществление / организация исследований / исследований/ опросов/ анализов
- Разработка руководств / инструкций / материалов
- Экстренная реакция во время пандемии COVID-19
- Другое (укажите что именно)

Б) На каких целевых группах / уязвимых группах следует сосредоточить внимание новой ГП? Отметьте все подходящие из списка:

- Молодые люди / молодежь

- Ключевые группы населения
- Женщины тяжелыми хроническими заболеваниями,
- Матери-одиночки
- Бедные семьи (малообеспеченные)
- Семьи, живущие за чертой бедности,
- Пережившие гендерное насилие,
- Люди с ограниченными возможностями
- Женщины и девочки с ограниченными возможностями
- Женщины и девочки с пересекающимися формами дискриминации
- Другое (укажите какие именно)

46. Хотели бы вы добавить или сказать что-нибудь еще, относящееся к этой оценке?

СПАСИБО ЗА ВАШЕ ВРЕМЯ!

- ¹ <https://unohrlls.org/meetings-conferences-and-special-events/kyrgyzstan/>
- ² <https://www.worldometers.info/world-population/kyrgyzstan-population/>
- ³ <http://stat.kg/ru/statistics/naselenie/>
- ⁴ *ibid*
- ⁵ <https://data.worldbank.org/indicator/SP.POP.GROW?view=chart>
- ⁶ <https://shailoo.gov.kg/ru/news/4384/>
- ⁷ <https://data.worldbank.org/indicator/SG.GEN.PARL.ZS>
- ⁸ <https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD>
- ⁹ <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.ZG>
- ¹⁰ <https://www.worldbank.org/en/country/kyrgyzrepublic/overview>
- ¹¹ <https://www.statista.com/statistics/528614/share-of-economic-sectors-in-the-gdp-in-kyrgyz-republic/>
- ¹² <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS?locations=KG>
- ¹³ <https://www.worldometers.info/demographics/kyrgyzstan-demographics/>
- ¹⁴ <http://stat.kg/media/files/c50def33-f18c-44d3-aecb-1f45786034dd.pdf>
- ¹⁵ <https://data.unicef.org/country/kgz/> https://www.who.int/gho/maternal_health/countries/kgz.pdf?ua=1
- ¹⁶ <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=KG>
- ¹⁷ https://mics-surveys-prod.s3.amazonaws.com/MICS6/Europe%20and%20Central%20Asia/Kyrgyzstan/2018/Survey%20findings/Kyrgyzstan%20MICS%202018_Russian.pdf
- ¹⁸ *ibid*
- ¹⁹ *ibid*
- ²⁰ *ibid*
- ²¹ <https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=KG>
- ²² <http://data.uis.unesco.org/>
- ²³ *ibid*
- ²⁴ The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.
- ²⁵ (i) Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? (ii) Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques? (iii) Do the evaluation findings, conclusions and recommendations reflect a gender analysis?
- ²⁶ UNFPA Evaluation Office. Guidance on disability inclusion in UNFPA evaluation, 2020
- ²⁷ Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, February 2019. Downloaded from www.unfpa.org/evaluation
- ²⁸ Approved on April 30, 2021
- ²⁹ Detailed description of each of the methods used was presented in the Inception Report, April 2021
- ³⁰ Ruzvidzo, T. May 2007. *Measuring Gender Equality: Taking Stock – Looking Forward*. OECD Development Centre. <https://www.oecd.org/dev/38640915.pdf>.
- ³¹ Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, February 2019
- ³² Annex 5 of the *Evaluation of the 4th UNFPA CP for Kyrgyzstan (2018 – 2022): Design Report*, approved in April 2021
- ³³ One individual can be interviewed for several programme areas
- ³⁴ 178 v. 93 names
- ³⁵ Includes HIV-related activities
- ³⁶ Identified in stakeholder map and planned number of KIs to interview (I/P)
- ³⁷ Experts only
- ³⁸ Cross-cutting for SRH and youth
- ³⁹ SRH – 30% of respondents; GE.GBV – 16%; Youth – 14%; P&D – 17%; HIV – 8%; and PBF – 15%
- ⁴⁰ *ibid*
- ⁴¹ Inception report, April 2021
- ⁴² Annex 6 to this report
- ⁴³ The evaluation followed all ethical practices for human subject research, protecting respondent confidentiality and sensitive information. Respondents were guaranteed confidentiality by getting their informed consent and respondents were able to refuse to answer any of the questions. To ensure that no findings were attributed to respondents by name in the report, interviewees were coded (like KI #XX) and code numbers were known only to the Team Leader. The evaluation made all efforts to ensure that the process of conducting interviews was independent. In particular, when conducting interviews, the CO representative(s) was (were) not present. To protect respondent confidentiality, evaluation data and notes containing identifying information was stored securely on the separate online platform with only ET access.
- ⁴⁴ <http://stat.kg/ru/statistics/naselenie/>
- ⁴⁵ <http://stat.kg/ru/statistics/naselenie/>
- ⁴⁶ «United Nations Common Country Analysis for the Kyrgyz Republic», 2019, https://kyrgyzstan.un.org/sites/default/files/2020-06/1%20OON_ru.pdf
- ⁴⁷ Population Situation Analysis, UNFPA, 2017, https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/Unfpa_verstka_FINAL_0.pdf
- ⁴⁸ <https://kyrgyzstan.un.org/ru/53961-nacionalnyy-dobrovolnyy-obzor-dostizheniya-celey-ustoychivogo-razvitiya-v-kyrgyzskoy>
- ⁴⁹ <https://www.worldometers.info/demographics/kyrgyzstan-demographics/>
- ⁵⁰ <http://data.uis.unesco.org/>
- ⁵¹ <http://stat.kg/ru/news/analiz-sovremennogo-sostoyaniya-rynka-truda-i-proizvoditelnosti-truda/>
- ⁵² A. Avdeev 2021
- ⁵³ https://environmentalmigration.iom.int/sites/default/files/publications/IOM_env_mig_web_en.pdf
- ⁵⁴ <http://cbd.minjust.gov.kg/act/view/ru-ru/111191>

- ⁵⁵ <http://foms.kg/page/gosgarantii>
- ⁵⁶ MICS KGZ 2014, MICS KGZ 2018
- ⁵⁷ <https://kyrgyzstan.unfpa.org/ru/publications>
- ⁵⁸ <http://stat.kg/ru/statistics/naselenie/>
- ⁵⁹ <http://cez.med.kg/>
- ⁶⁰ <https://kyrgyzstan.unfpa.org/ru/publications>
- ⁶¹ Data of the e-Health Center of the Ministry of Health
- ⁶² Data from the National Center of Motherhood and Childhood
- ⁶³ *ibid*
- ⁶⁴ https://www.familyplanning2020.org/sites/default/files/KYR_ENG_Country_commitment_form_17.09.18.pdf
- ⁶⁵ <http://stat.kg/ru/statistics/zdravoohranenie/>
- ⁶⁶ <https://aidsinfo.unaids.org/>
- ⁶⁷ <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- ⁶⁸ https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/sowp2021_report-ru_v461_1.pdf
- ⁶⁹ <http://aidscenter.kg/stats/>
- ⁷⁰ <https://www.unaids.org/en/regionscountries/countries/kyrgyzstan>
- ⁷¹ <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- ⁷² <http://hdr.undp.org/en/composite/GII>
- ⁷³ <http://cbd.minjust.gov.kg/act/view/ru-ru/202398>
- ⁷⁴ <http://cbd.minjust.gov.kg/act/view/ru-ru/12728>
- ⁷⁵ <http://cbd.minjust.gov.kg/act/view/ru-ru/111570>
- ⁷⁶ <http://cez.med.kg/>
- ⁷⁷ <http://www.stat.kg/ru/publications/pravonarusheniya-i-pravoporyadok-v-kyrgyzskoj-respublike/>
- ⁷⁸ https://kyrgyzstan.un.org/sites/default/files/2020-06/RUS_Gender%20Rapid%20Assessment%20of%20COVID-19%20impact_May%202020_final.pdf
- ⁷⁹ MICS 2014, 2018
- ⁸⁰ <https://kyrgyzstan.un.org/ru/53961-nacionalnyy-dobrovolnyy-obzor-dostizheniya-celey-ustoychivogo-razvitiya-v-kyrgyzskoy>
- ⁸¹ <https://kyrgyzstan.unfpa.org/en/about-unfpa-kyrgyzstan>
- ⁸² UNFPA Country Programme Action Plan for 2005-2009 <https://document.kg/zakon/18245>
- ⁸³ https://www.unfpa.org/sites/default/files/portal-document/CPE_Kyrgyzstan_en_0.pdf
- ⁸⁴ <https://www.unfpa.org/sites/default/files/portal-document/N1723919.pdf>
- ⁸⁵ Independent evaluation. The UNFPA 3rd Country Program (2012-2017). The Kyrgyz Republic
- ⁸⁶ <https://kyrgyzstan.unfpa.org/ru>
- ⁸⁷ <https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS?end=2019&locations=KG&start=1992&view=chart>
- ⁸⁸ http://www.kenesh.kg/uploads/media/default/0001/54/261219125826_Презентация%20Госдолг_Внешняя_помощь_A_Жапаров.pdf
- ⁸⁹ *ibid*
- ⁹⁰ *ibid*
- ⁹¹ <http://en.kabar.kg/news/kyrgyzstan-received-over-usd-333-mln-from-donors-finance-ministry/>
- ⁹² https://nashvek.kg/wp-content/uploads/2020/09/2020_chinara-english_f-1.pdf
- ⁹³ *ibid*
- ⁹⁴ Sam Clark and Mehriugli Ablezova. The UNFPA 3rd Country Program 2012-2017 for the Kyrgyz Republic, August 2016
- ⁹⁵ KI #11, Note for the Record, December 27, 2019
- ⁹⁶ NB. UNFP contributions outcomes 2, 3 and 4 include 1. CO participation in three Results Groups (Priorities 2, 3 and 4); when UNFPA financial support is provided for achievement only for one out of four outcomes, namely – Outcome 4
- ⁹⁷ Approved by the Executive Board of the UNDP, UNFPA, and the UN Office for Project Services on 3 July 2017
- ⁹⁸ *ibid*
- ⁹⁹ Updated RRF, December 2019
- ¹⁰⁰ Results and Resources Framework for Kyrgyzstan, DP/FPA/KGZ/4
- ¹⁰¹ *ibid*
- ¹⁰² Annex 3
- ¹⁰³ Key Informants interviews, May 19 – June 9, 2021
- ¹⁰⁴ Online survey, May, 2021, N=38
- ¹⁰⁵ Q3 Online survey, N=36, Average score 4.46 out of 5
- ¹⁰⁶ Online survey participants
- ¹⁰⁷ KI #38
- ¹⁰⁸ Q9 Online survey, N=34, Average score 4.14 out of 5
- ¹⁰⁹ Conducted by UNFPA, UN-Women, Government of Switzerland, EU-UN Joint Initiative "Beam of Light," 2020
- ¹¹⁰ Conducted by UNFPA, UNICEF in 2020
- ¹¹¹ <https://kyrgyzstan.unfpa.org/ru/publications>
- ¹¹² KIIs #26, 31, 46
- ¹¹³ Q2 Online survey, N=36, Average score 4.4 out of 5
- ¹¹⁴ Q3 Online survey, N=31, Average score 4.7 out of 5
- ¹¹⁵ Conducted by NSC, USAID, UNFPA, UNICEF
- ¹¹⁶ KI #9, KI #4
- ¹¹⁷ The National Program for Reforming the Health System of the Kyrgyz Republic "Den Sooluk" for 2012-2018; Programme of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021 and other.
- ¹¹⁸ The national development strategy of the Kyrgyz Republic for 2018-2040 ("Health 2020"); and The Government of the Kyrgyz Republic program for the protection of public health and the development of the health system for 2019-2030

- 119 ToR for evaluation, pp. 28-34
- 120 KI #76
- 121 <https://www.adb.org/sites/default/files/institutional-document/546966/kyrgyz-republic-country-gender-assessment-2019.pdf>
- 122 <https://www.international-alert.org/sites/default/files/Kyrgyzstan-Rapid-Assessment-Needs-Women-Girls-Sum-EN-2020.pdf>
- 123 <https://www.women2030.org/kyrgyzstan-gender-assessment/>
- 124 [https://www.asiapacificgender.org/sites/default/files/documents/Kyrgyzstan%20\(English\).pdf](https://www.asiapacificgender.org/sites/default/files/documents/Kyrgyzstan%20(English).pdf)
- 125 https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/GSPS_Russian_Final%20report.pdf
- 126 https://kyrgyzstan.un.org/sites/default/files/2020-06/ENG_Gender%20Rapid%20Assessment%20of%20COVID-19%20impact_May%202020_final.pdf
- 127 KIIs conducted in May-June, 2021
- 128 1) High population growth based on PSA; 2) Place of women in KR; 3) PSA and Labor statistics reports; improvement of NSC capacity in methodology and working conditions
- 129 KI #1
- 130 Q4 Online survey, N=35, Average score 4.4 out of 5
- 131 Q5 Online survey, N=36, Average score 4.43 out of 5
- 132 NB. Here and on the updated in 2019 RRF is used
- 133 State standards on obstetrics and gynaecology in the Kyrgyz Republic (1); Procedures for development and implementation of clinical guidelines (2); CPs: "Severe pre-eclampsia" (3), "Eclampsia" (4), "Diagnosis and intensive care of acute respiratory distress syndrome in pregnancy" (5), "Caesarean section" (6), "Ectopic pregnancy" (7), "Prevention of venous thromboembolic complications during pregnancy, Childbirth and Postpartum" (8), on the use of implants (9) and subcutaneous injectable contraceptives (10), on the medical care and management of sexually abused persons (11); OPSS: on assessment and stabilisation of women with postpartum haemorrhage (12); active management of the third stage labour (13); routine early postpartum care (14); and management of women with complicated postpartum (15)
- 134 <http://med.kg/ru/klinicheskie-protokoly-rukovodstva.html>
- 135 KI #9, KI #36, KI #53, KI #61, KI #62, KI #64, KI #65, KI #66, KI #69. KI #73, KI #76, KI #69
- 136 Emergency Response Coordination Group (ERCG) consists of heads of UN agencies, the Red Cross/Red Crescent movement, international organisations and non-governmental organisations
- 137 Decree of the Government of the KR of 29 May 2020; <http://cbd.minjust.gov.kg/act/view/ru-ru/218195>; KI #9
- 138 <http://ru.mes.kg/2018/02/22/polozhenie-po-predotvrashheniyu-gendernogo-nasiliya/>
- 139 The 27 facilities include: Family Medicine Centres (16) from all regions of the country, 2 Dermatovenerology Centres (Bishkek and Osh) and 9 AIDS Centres (Republican AIDS Centre + in each region, including Bishkek).
- 140 KI #4, KI #38
- 141 Approved by Order of the MoHSD of the KR of 03.03.2021. №249 9
- 142 Enshrined by decision of the Jogorku Kenesh Commission on Social Policy
- 143 Law on Public Procurement, as amended on 05.03.21; <http://cbd.minjust.gov.kg/act/view/ru-ru/111125>
- 144 5.2 million KGS - equivalent to \$65,000
- 145 Annex 3 – Documents consulted
- 146 KIIs #24, 31
- 147 Annex 3: Documents consulted
- 148 Key Informants interviews, May 19 – June 9, 2021
- 149 Online survey, November 25 – December 10, 2020
- 150 UNFPA Annual Reports 2018-2020
- 151 KI #36, KI #53, KI #64, KI #65, KI #69, KI #73, KI #74
- 152 KI #65
- 153 UNFPA Annual Report 2020, KI #47, KI #8, KI #52, KI #45, KI #48
- 154 UNFPA Annual Report 2020, KI #9, KI #53
- 155 UNFPA Annual Report 2020; KI #9, KI #6, KI #3, KI #53, KI #46
- 156 The Regulation is approved and recommended for use by the Inter-Agency Commission on Emergency Situations of the Kyrgyz Republic; <http://ru.mes.kg/2018/02/22/polozhenie-po-predotvrashheniyu-gendernogo-nasiliya/>; UNFPA Annual Reports 2018-2020, KI #9, KI #62, KI #35
- 157 Approved by Order of the Ministry of Health in 2019
- 158 UNFPA Annual Report 2020; KI #9, KI #6, KI #62
- 159 UNFPA Annual Reports 2018-2020, KI #6
- 160 Resolution of the Round Table "Integration of HIV and Sexual and Reproductive Health Services for Key Populations in Health Facilities of the Kyrgyz Republic", 25.05.18, Bishkek
- 161 UNFPA Annual Reports 2018-2020; KI #39
- 162 Evaluation papers by KI #36, KI #39, KI #37
- 163 KI #4
- 164 UNFPA Annual Reports 2018-2020; KI #4, KI #36, KI #39; KI #37
- 165 SWs, MSM, as well as PLHIV, LGBT, PWID, including young people of these key populations
- 166 UNFPA Annual Reports 2018-2020; IP Reports, KI #38, KI #42, KI #41, KI #4, KI #39
- 167 UNFPA Annual Reports 2018-2020; KI #38, KI #42, KI #4, KI #39
- 168 <http://www.ksmi.kg/elearning>
- 169 UNFPA Annual Reports 2018-2020; KI #9, KI #36, KI #56
- 170 <https://us02web.zoom.us/j/9294575451>
- 171 KI #6
- 172 UNFPA Annual Report 2020; KI #6
- 173 The Advisory Board includes representatives from the MoH, Ministry of Finance, Ministry of Education and Science, State Agency for Youth, Physical Education and Sports, international organisations and the non-governmental sector (including youth and religious organisations)
- 174 National Family Planning Action Plan; KI #53, KI #61, KI #66, KI #72, KI #9
- 175 Law on Public Procurement, as amended on 05.03.21; <http://cbd.minjust.gov.kg/act/view/ru-ru/111125>; KI #71, KI #67, KI #23

- 176 UNFPA Annual Reports, IP Reports, KI #9, KI #75, KI #66
- 177 Project Document for RRM FP2020; UNFPA Annual Report 2018; KI #9, KI #61, KI #53, KI #66, KI #75
- 178 KI #61, KI #9
- 179 UNFPA Annual Reports 2018-2020, Implementing Partners SRH Reports, 2020; KI #9, KI #63, KI #66, KI #61, KI #53
- 180 Soros Foundation, WHO, UNICEF, UNDP, USAID, Crown Agency working on supply chain to assess the current public health supply chain as a whole
- 181 <https://www.unicef.org/kyrgyzstan/reports/multiple-indicator-cluster-survey-mics-situation-children-and-women-kyrgyzstan>
- 182 UNFPA Annual Reports 2018-2020
- 183 <https://kyrgyzstan.un.org/en/124884-impact-megatrends-reproductive-rights-through-lens-family-planning>; KIs ##9, 58, 66
- 184 Submitted by KIs ##61, 71
- 185 <https://kyrgyzstan.unfpa.org/ru/publications>; KI #4, UNFPA Annual Report 2019
- 186 National Family Planning Action Plan; Correspondence between Population Fund and Ministry of Health (provided in evaluation submission); KI s ##9, 53, 74, 61, 66
- 187 KI #62
- 188 National Action Plan, UNFPA Annual Reports; KIs ##9, 71, 53, 61
- 189 MOH KR Order No. 1076 of 18.12.20; KIs ##7, 9, 72, 61, 53, 66)
- 190 MoH Order No. 555 of 27.07.2020; UNFPA annual reports, IPs' reports; KIs ##53, 61, 72, 7
- 191 <http://foms.kg/news/794>; <https://ru.sputnik.kg/society/20210113/1051092041/kyrgyzstan-retsept-bumaga-lekarstvo-vrach.html>; KIs ##9, 54
- 192 KIs ##54, 53, 61
- 193 MHIF information received on request; UNFPA annual reports
- 194 Joint MoH and MHIF Order No 98 of 17.02.2020; KI #53, KI #9, KI #61
- 195 UNFPA Annual Reports (2018-2020), IP reports, KI #9, KI #76
- 196 A midterm review of the implementation of the recommendations of the Second CEMD Report, provided in the evaluation materials.
- 197 KI #71
- 198 KI #72, KI #7, KI #75
- 199 KI #4, KI #37, KI #38, KI #39, KI #40, KI #42
- 200 Not all approved protocols are available on the MoHSD website, which reduces the effectiveness of all work, Printed copies are limited, KGMICE distributes electronic versions only when conducting training. Printed versions of protocols are needed for health workers in remote villages where there are limited opportunities to work with the electronic version; KI #62, KI #56
- 201 Artificial obstacles are created at the level of the MoH's Expert Council, which delays approval of documents; KI #36, KI #76
- 202 KI #65, KI #64, KI #36
- 203 UNFPA Annual report, 2019, page 2
- 204 KI #65, KI #69
- 205 KI #36, KI #61, KI #53
- 206 2020 UNFPA Annual Report, p 31
- 207 UNFPA responsible for implementation of the Pillars 4&5 of this EU-supported initiative implemented in collaboration with RUNOs
- 208 Results of assessment of law enforcement practice of the internal affairs bodies in the field of domestic violence/GBV, p.3
- 209 2018 UNFPA Annual Report, p13
- 210 Page 35
- 211 UNFPA Annual Report, 2020, p 31
- 212 KIs ##5, 8, 10
- 213 2020 COAR
- 214 KIs ##5, 8, 10
- 215 2020 UNFPA Annual Report, p 34
- 216 KLSS
- 217 UNFPA Annual Report, 2019, p 13
- 218 UNFPA Annual report, 2020, page 36
- 219 2018 UNFPA Annual Report, p 13
- 220 Spotlight Programme report, 2020, p 40
- 221 Respondents working with gender issues representing government, development actors, expert community, and civil society
- 222 KI #11, Note for the Record, December 27, 2019
- 223 KIIs KI #71
- 224 COAR 2020, page 30
- 225 Annex 3 – Documents Consulted
- 226 Key Informants interviews, May 19 – June 9, 2021
- 227 Online survey, May, 2021
- 228 COAR 2019, page 28
- 229 UNFPA Annual report, 2018, page 26
- 230 KIIs KI #71
- 231 1) High population growth based on PSA; 2) Kyrgyzstan Women in Family and Society²³¹; and 3) Population situational analysis in the Kyrgyz Republic: 2020 Update
- 232 KIs ## 23, 24, 12
- 233 Together with UN Women, the Government of Switzerland, the EU-UN Joint Spotlight Initiative
- 234 Jointly with UNICEF
- 235 <https://kyrgyzstan.unfpa.org/ru/publications>
- 236 Through the UN COVID-19 Response and Recovery Multi-Partner Trust Fund and Swiss Agency for Development
- 237 UNFPA Annual Report, 2020, p 33
- 238 Workplan Progress Report, ACC Q4 2020 p 5

- ²³⁹ Q43 Online survey, N=38
- ²⁴⁰ ibid
- ²⁴¹ NSC data ; <http://stat.kg/ru/statistics/naselenie/>
- ²⁴² Key Informants interviews, June 24-28 & July 1-4, 2019
- ²⁴³ Annex 3: 3, 13-15, 17-18, 36-37, 49-51, 59-66, 71-73, 80, 82
- ²⁴⁴ Order of the MoH of the KR No. 784 of 16.07.2019
- ²⁴⁵ UNFPA 2020 Annual Report, KI #68, KI #67, KI #53, KI #23
- ²⁴⁶ UNFPA Annual Report 2020
- ²⁴⁷ UNFPA Annual report, 2020, page 102
- ²⁴⁸ KI #61, KI #75, KI #63, KI #66
- ²⁴⁹ KI #36, KI #39, KI #56, KI #64
- ²⁵⁰ KI #58
- ²⁵¹ KI #61, KI #75, KI #63, KI #66
- ²⁵² UNFPA SP 2022-2025 presentation, page 12
- ²⁵³ ibid, page 15
- ²⁵⁴ <https://usaidlearninglab.org/qrg/understanding-cla-0>
- ²⁵⁵ Qs 10-14 Online survey
- ²⁵⁶ National Family Planning Action Plan; KI #9, KI #3, KI #53, KI #74, KI #61, KI #66
- ²⁵⁷ KI #61, KI #9
- ²⁵⁸ UNFPA Annual Reports, IP Reports, KI #9, KI #75, KI #66
- ²⁵⁹ UNFPA Annual Reports 2018-2020, IPs SRH Reports, 2020; KI #9, KI #63, KI #66, KI #61, KI #53
- ²⁶⁰ MHIF information received on request; UNFPA annual reports
- ²⁶¹ Joint MoH and MHIF Order No 98 of 17.02.2020; KI #53, KI #9, KI #61
- ²⁶² <http://www.ksmi.kg/elearning>
- ²⁶³ UNFPA Annual Reports 2018-2020; KI #9, KI #36, KI #56
- ²⁶⁴ <http://cbd.minjust.gov.kg/act/view/ru-ru/112043?cl=ru-ru>
- ²⁶⁵ <http://cbd.minjust.gov.kg/act/view/ru-ru/112062?cl=ru-ru>
- ²⁶⁶ <http://cbd.minjust.gov.kg/act/view/ru-ru/111787?cl=ru-ru>
- ²⁶⁷ (i) Decision according to the results of the meeting of the Prime Minister of the Kyrgyz Republic and the Interdepartmental Commission on Civil Protection dated 6.03. 2018 No. 23-957 on the need to approve the Regulation on the procedure for interaction between state bodies and local self-government bodies, as well as other organizations and citizens to reduce the risks of violence against women and children in emergency and crisis situations; (ii) Resolution of the Government of the Kyrgyz Republic No. 390 "On the procedure for the implementation of security and protection against domestic violence" from August 1, 2019 ²⁶⁷; and (iii) Resolution of the Government of the Kyrgyz Republic No. 418 "On Approval of the Regulation on the Procedure for Interaction between State Authorities and Local Self-Government Bodies, as well as Other Organizations and Citizens to Reduce the Risk of Violence against Women and Children in Emergency and Crisis Situations" from August 22, 2019 ²⁶⁷
- ²⁶⁸ <http://cbd.minjust.gov.kg/act/view/ru-ru/14820?cl=ru-ru>
- ²⁶⁹ <http://cbd.minjust.gov.kg/act/view/ru-ru/14826?cl=ru-ru>
- ²⁷⁰ <https://apps.who.int/iris/handle/10665/338571?locale-attribute=fr&>
- ²⁷¹ Table 6, Inception Report, April 2021
- ²⁷² KI #26
- ²⁷³ All 3 from NSC
- ²⁷⁴ KI #9
- ²⁷⁵ KI #4
- ²⁷⁶ KI #60
- ²⁷⁷ Q14 Online survey, N=29, Average score 2.03 out of 3
- ²⁷⁸ Q12 Online survey, N=29, Average score 2 out of 3
- ²⁷⁹ COAR 2019
- ²⁸⁰ Three transformative and people-centred results, Leaving No One Behind policy, and human rights based analysis
- ²⁸¹ Men and Women of Kyrgyz Republic for 2018
- ²⁸² 4-point scale, where 1- no, 2 – partly, 3 – in full, 0 – do not know
- ²⁸³ Q15 Online survey, N=31
- ²⁸⁴ Q17 Online survey, N=34
- ²⁸⁵ Q19 Online survey, N=27
- ²⁸⁶ KI #23
- ²⁸⁷ KI # 4, other UNFPA people
- ²⁸⁸ KIIs, May – June 2021
- ²⁸⁹ Online survey, May 2021, N=38
- ²⁹⁰ KI #12
- ²⁹¹ KIIs, May – June 2021
- ²⁹² Evaluation Design Report, approved in April 2021
- ²⁹³ Inception Report on the 4th CPE (April 2021). Table 6. List of projects mobilized by UNFPA from other resources by programme areas, 2018-2020 (in USD)
- ²⁹⁴ Table 7 in the Design report, approved in April 2021
- ²⁹⁵ ibid
- ²⁹⁶ In 2021 the Government has provided core resources for the next five years although the amount is symbolic
- ²⁹⁷ The budget of the Ministry of Health, 2018-2020
- ²⁹⁸ UNFPA Partnership Plan 2018-2020, Progress for 2020
- ²⁹⁹ Financial data for 2017-2019 was available for analysis

- ³⁰⁰ Kyrgyz Family Planning Alliance, Kyrgyz Indigo, Humanitarian Organization Red Crescent Society, Mutakalim, Reproductive Health Alliance of Kyrgyzstan
- ³⁰¹ Ministry of Health, Mandatory Health Insurance Fund under the Government Office, Parliament of Kyrgyz Republic, Ministry of Emergencies, Kyrgyz Medical Academy, Kyrgyz Medical Institute on Continuous Education, National AIDS Center, selected hospitals and maternity departments, etc.)
- ³⁰² UNICEF, WHO
- ³⁰³ Financial data for 2017-2019 was available for analysis
- ³⁰⁴ Center for Research of Democratic Processes, Association of Crisis Centers, Center for Research of Democratic Processes, Public Foundation DIA Osh city), private companies (Company "Inform.kg", Data Lab Consulting Agency
- ³⁰⁵ UN Women, UNDP, UNICEF, UNODC
- ³⁰⁶ Financial data for 2017-2019 was available for analysis
- ³⁰⁷ Financial data for 2018-2020 was available for analysis
- ³⁰⁸ KIIs #UNFPA team,
- ³⁰⁹ KI #72
- ³¹⁰ KI #25
- ³¹¹ KI #61
- ³¹² KI #35
- ³¹³ KI #65
- ³¹⁴ KI #42
- ³¹⁵ KI #64
- ³¹⁶ KI #77
- ³¹⁷ KI #66
- ³¹⁸ KI #23, KI #24
- ³¹⁹ KI #28
- ³²⁰ KI #32
- ³²¹ KI #56
- ³²² KI #73
- ³²³ KI #58
- ³²⁴ KII #23
- ³²⁵ KI #25
- ³²⁶ KI #43
- ³²⁷ KIs ##32, 43, 12
- ³²⁸ KI #13
- ³²⁹ KI #29
- ³³⁰ KI #6
- ³³¹ UNFPA finance, associate
- ³³² Q22 Online survey, n=31, average score 4 out of 5
- ³³³ Q20 Online survey, N=29, average score 3.68 out of 5
- ³³⁴ Q21 Online survey, N=33, average score 4.1 out of 5
- ³³⁵ KIIs May – June 2021
- ³³⁶ KIIs KI #62, KI #66, KI #75
- ³³⁷ KI #4, KI #2
- ³³⁸ KI #2
- ³³⁹ KIIs, May-June 2021; Online survey, May 2021
- ³⁴⁰ IPs' reports analysis: in 2018 - KGZ04KFP/HREFORM, KGZ04KFP/FPMONIT, KGZ04KFP/IUDIN, KGZ04KFP/RTCLINPROT, KGZ04KFP/HREFORM; in 2020 - KGZ04KFP/FPMONIT, KGZ04KFP/IUDIN, KGZ04KFP/RTCLINPROT, KGZ04KFP/WORKSHOP
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- ³⁴² Q25 Online survey, N=27, average score 3.2 out of 5
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- ³⁴⁴ ibid
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- ³⁴⁶ Q7 Online survey, N=36, Average score 4.5 out of 5
- ³⁴⁷ Q26 Online survey, N=37, Average score 4.6 out of 5
- ³⁴⁸ Q8 Online survey, N=35, Average score 4.8
- ³⁴⁹ Q43 Online survey, N=38
- ³⁵⁰ KI #65, KI #73
- ³⁵¹ KI #36, KI #37
- ³⁵² Domestic Violence Prevention and Coordination Unit
- ³⁵³ Partnership Plan for 2018-2022, Progress for 2018-2020
- ³⁵⁴ Population Committees, Committee on Social Affairs, Education, Science and Culture, and Committee on Economic and Fiscal Policy
- ³⁵⁵ 1) High population growth based on PSA; 2) Place of women in KR; 3) PSA and Labour statistics reports
- ³⁵⁶ Best collection on Women/Men data, Youth in KR, etc.
- ³⁵⁷ design and approval of *the Concept of Youth Policy for 2020-2030 and development of its Action plan until 2025*)
- ³⁵⁸ Q29 Online survey, N=35, Average score 4.3 out of 5
- ³⁵⁹ Q31 Online survey, N=37, Average score 4.3 out of 5
- ³⁶⁰ KI #72, KI #61
- ³⁶¹ KI #62
- ³⁶² KI #42
- ³⁶³ Include UN resident and non-resident agencies, funds, and programmes. In total 21 entities signed this document

³⁶⁴ The Kyrgyz Republic Government Program - Trust and Unity, 2016, and the expected results and strategies of the next National Sustainable Development Strategy (NSDS).

³⁶⁵ This approach is intended to increase the UN system's impact through more coherent programmes, reduced transaction costs for governments, and lower business operating costs, and is guided by Standard Operating Procedures (SOPs).

³⁶⁶ SRH, maternal health, family planning and prevention of HIV, youth, gender and GBV, and population data

³⁶⁷ UNDP, UNICEF, UNAIDS

³⁶⁸ KI #34

³⁶⁹ UNDP, UNICEF, USAID, OSCE, UNAIDS

³⁷⁰ IPs

³⁷¹ KI #12

³⁷² KI #53

³⁷³ Together with UNDP, UNAIDS, UNICEF, WHO, USAID JSI, Soros Foundation, MoH, Department of Drug and Medical Products, RCAIDS, Republican Immune Protection Centre, E-health Centre, NGO Reproductive Health Alliance, business sector, etc.

³⁷⁴ KI #63

³⁷⁵ KI #9

³⁷⁶ KI #4

³⁷⁷ Q38 Online survey, N=28, Average score 3.5 out of 5

³⁷⁸ Q37 Online survey, N=22, Average score 2.7 out of 5

³⁷⁹ Q36 Online survey, N=22, Average score 2,7 out of 5

³⁸⁰ Key Informants interviews, Nov-Dec 2020

³⁸¹ KI #12

³⁸² KI #11

³⁸³ KI #23

³⁸⁴ KIIs, May – June 2021

³⁸⁵ Q43 Online survey, N=38

³⁸⁶ ibid

³⁸⁷ ibid

³⁸⁸ USAID, OSCE, GIZ

³⁸⁹ KI #30

³⁹⁰ KI #25

³⁹¹ ibid

³⁹² KI #12

³⁹³ KI #25

³⁹⁴ KI #12

³⁹⁵ KI #30

³⁹⁶ KI #22

³⁹⁷ KI #4

³⁹⁸ KI #53, KI #61, KI #66

³⁹⁹ KI #36

⁴⁰⁰ KI #37

⁴⁰¹ KI #39; KI #38

⁴⁰² KI #30

⁴⁰³ KI #9

⁴⁰⁴ KI #23

⁴⁰⁵ KI #22

⁴⁰⁶ KI #69

⁴⁰⁷ KI #26

⁴⁰⁸ KI #70

⁴⁰⁹ KI #1; KI #2

⁴¹⁰ ibid

⁴¹¹ KI #33

⁴¹² KI #15

⁴¹³ KI #43

⁴¹⁴ KI #43

⁴¹⁵ KI #53

⁴¹⁶ KI #41

⁴¹⁷ KI #58

⁴¹⁸ KI #62

⁴¹⁹ KI #19

⁴²⁰ KI #71

⁴²¹ KI #46

⁴²² KI #67

⁴²³ KI #48

⁴²⁴ KI #68

⁴²⁵ The country profile was written using primarily the 2017 UNFPA Policy briefs, the 2019 updated CCA. A recent article from the Lancet and reports following the impact of the COVID-19 pandemic.

⁴²⁶ KI #11wall

⁴²⁷ NB. Here and on the updated in 2019 RRF is used

⁴²⁸ Law on Health Protection in the Kyrgyz Republic of 09.01.2005.; <http://med.kg/ru/dokumenty/zakony.html>

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