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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Kyrgyzstan**

Proposed indicative UNFPA assistance: \$4.9 million: \$3.4 million from regular resources and \$1.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Fourth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.0	1.5	4.5
Programme coordination and assistance		0.4	-	0.4
<b>Total</b>		3.4	1.5	4.9



## I. Programme rationale

1. Kyrgyzstan is a lower-middle income country, with a Human Development Index of 0.655. In 2015, 32.1 per cent of the population lived below the national poverty line and 1.2 per cent in extreme poverty. In rural areas, 67.7 per cent of people live below the national poverty line and 70.5 per cent of those in extreme poverty. The economy is vulnerable to external shocks, with many households dependent on remittances.
2. The total population is 6.1 million, with two-thirds living in rural areas. In 2015, the population growth rate was 2.1 per cent and life expectancy at birth was 66.7 years for men and 74.8 years for women. Young people aged 14-28 years comprise 30.2 per cent of the population.
3. The unemployment rate stood at 7.6 per cent in 2015, for those aged 15-19 years it was 17.3 per cent and 10.5 per cent among those aged 20-29 years. It is estimated that 18-29 year-olds constitute 47 per cent of migrants in the two major receiving countries of Russia and Kazakhstan.
4. The country experienced two government turnovers in 2005 and 2010, and inter-ethnic clashes in June 2010. This affected economic growth and the development of institutional systems. The 2010 Constitution ushered in government reform and led to a change from a presidential system to a parliamentary republic.
5. Kyrgyzstan is vulnerable to numerous natural disasters including: earthquakes, landslides, mudflows, avalanches, mountain lake spills and flooding. Seventy five per cent of the population live in areas at risk of earthquakes exceeding nine on the Richter scale. The country faces the additional threat from Soviet-era industrial and nuclear waste which poses serious environmental and health risks.
6. Services to promote sexual and reproductive health and reproductive rights, including HIV prevention, are unsatisfactory. Those affected are primarily women and young people, particularly those from vulnerable and marginalized groups. The 2015 maternal mortality ratio was 38.5 per 100,000 live births, one of the highest in the region. The adolescent birth rate, at 42 per 1,000 women, is also high. The contraceptive prevalence rate is 42, while unmet need for family planning is 19 per cent. Despite a fall in the abortion rate from 1.55 to 0.7, abortion continues to be an over-utilized method of family planning and its true rate is likely to be underreported.
7. The incidence of cervical cancer is estimated at 17.6 per 100,000 women and mortality from cervical cancer was 8.7 per 100,000 women in 2015. Systemic structures and capacities for early detection services are weak.
8. Despite the low incidence of HIV infection (0.16 per cent), HIV prevalence is growing. Although injecting drug use is the main mode of HIV transmission, infection through sexual transmission has grown rapidly from 33 per cent to 66 per cent.
9. Access to health services is adequate with high antenatal care coverage (95.9 per cent) and almost all deliveries are attended by skilled health personnel (99 per cent). Moreover, two assessments of the quality of health services for pregnant women confirm the low quality of services.
10. Young people face institutional and cultural barriers in accessing sexual and reproductive health and HIV information and services. The leadership skills of young people, including the most vulnerable, and their involvement in policy development and decision-making processes are insufficient to adequately address needs. A positive development is the 2015 reproductive health law which sets a good foundation for the introduction of sexuality education in schools.
11. The country is ranked 67th on the Gender Inequality Index, with a score of 0.353. Gender stereotypes, customs and practices lie at the heart of gender inequality and violence against women. About 23 per cent of women experienced physical violence at least once, while 13 per cent experienced physical violence and 3 per cent experienced sexual violence over the last 12 months. A 2016 gender study revealed that about 8 per cent of women married before the age of 18 years and one fifth of all marriages occur through bride kidnapping. The Government is creating a multi-sectoral

prevention and response programme for gender-based violence; however, it is limited and uncoordinated.

12. Women and young people with inadequate access to sexual and reproductive care, education and information are at greater risk of violence. Sexual and reproductive health inequalities are connected to gender inequality. Addressing gender inequality is the key for women and young people to attain the highest achievable standards of sexual and reproductive health and reproductive rights.

13. The third country programme (2012-2017) focused on four areas: sexual and reproductive health, young people, gender equality, and population and development. 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.

14. This document draws on lessons from the previous programme cycle. 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. National partners identified advocacy in support of the 2015 reproductive health law as a comparative strength of UNFPA. Although there is a relatively sound legislative and normative policy framework, policies are not always evidence-based or coordinated. Policy implementation is weak due to the low capacity of state institutions, frequent turnover, lack of funding, and weak monitoring and evaluation systems. This country programme will focus on the implementation of existing policies. Following the recommendations of the country programme evaluation, UNFPA will continue to provide support for evidence-based policy formulation and expand its work with parliamentarians and other stakeholders to maintain a favourable environment for sexual and reproductive health with the emphasis on family planning, youth and gender equality.

15. The Government of Kyrgyzstan has embarked on the National Development Strategy 2040 and extended the *Den Sooluk* health care reforms programme to the end of 2018. UNFPA will use these strategic opportunities to continue efforts to complete “unfinished” agenda on Millennium Development Goal 5 and to advance the 2030 Agenda for Sustainable Development.

## II. Programme priorities and partnerships

16. 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.

17. 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 Government.

## **A. Outcome 1: Sexual and reproductive health**

19. 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. UNFPA will: (a) strengthen the actions of government and civil society aimed at offering high-quality health care and services tailored towards different genders and target groups. This will be done by providing technical assistance to the Ministry of Health in the development and/or adaptation of 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; (b) enhance the capacity of service providers 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; (c) strengthen the institutionalization of Beyond the Numbers tools and quality care standards by providing technical assistance in data collection, report preparation and monitoring; (d) strengthen the sexual and reproductive health coordination and referral system within the health sector by helping to develop standards at different levels of care; (e) strengthen the integration of sexual and reproductive health and HIV services through building the institutional capacities of public and civil society organizations, enabling them to provide integrated services to key populations by applying the latest global recommendations on working with key populations; (f) support the Ministry of Emergency Situations to strengthen national preparedness and response mechanisms in delivering sexual and reproductive health services, strengthening prevention and response to gender-based violence in emergency situations, including services for adolescents, by integrating a minimum initial services package on sexual and reproductive health and services for victims of gender-based violence into national contingency and preparedness plans.

20. 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. To achieve this output UNFPA will: (a) support the National Statistics Committee in data collection and analysis to advocate for sexual reproductive health, gender equality and youth by organizing joint surveys, analysis of disaggregated data and preparing policy briefs; (b) support the Government in evidence-based policy formulation and implementation by sharing best practices from other countries and making model policies available for adaptation; (c) 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; (d) work with the Mandatory Health Insurance Fund to improve access to modern contraceptives available to insured women by organizing regular monitoring of prescriptions of contraceptives; (e) advocate for parliamentary allocation of a budget for contraceptives that covers the needs of vulnerable women by presenting a cost-benefit analysis for contraceptives; (f) use a Total Market Approach to increase access to contraceptives for women and young people; (g) work with the Ministry of Health to strengthen the implementation of recommendations of the second report on the Confidential Enquiry into Maternal Death for improving the quality of care by organizing regular monitoring with subsequent reviews to assess implementation of recommendations; (h) 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, by involving young people in development and review of national youth policies; (i) use communication platforms, role play and innovative approaches to strengthen the leadership skills of adolescents and youth, especially those marginalized. This will empower them to promote their sexual and reproductive health

and reproductive rights; (k) create strategic partnerships with youth organizations to advocate for increasing investments and strengthening of youth health programmes, sexuality education and sustaining peace initiatives in support of United Nations Security Council Resolution 2250; (l) support the Ministry of Labour and Social Development in their mainstreaming of gender equality and reproductive rights into legal and policy frameworks. UNFPA will strengthen a multisectoral response to gender-based violence by focusing on the implementation of essential services packages for victims of violence with an emphasis on health sector response and sexual and reproductive health services, and institutionalizing policies and programmes that engage men and boys; (m) continue peacebuilding programming in response to the emerging issues of violent extremism and radicalization among women and adolescent girls.

21. The partnership plan leverages existing partnerships while pursuing new ones to achieve programme results. UNFPA will partner with the Parliament to maintain and advance legislative and policy environments on issues of sexual and reproductive health, youth, and gender equality and advocate the appropriate allocation of funds. UNFPA will also collaborate with the State Agency on Youth, Sport and Physical Culture, youth organizations, and United Nations organizations in the area to identify innovative solutions for engaging young people. UNFPA will cooperate with the Ministry of Health, the World Health Organization and other international agencies on the development and implementation of the projected health care reforms and programmes on sexual and reproductive health and HIV. UNFPA will work with the State Commission on Religious Affairs, faith-based organizations and civil society organizations to advocate and advance programmes on youth, prevention of gender-based violence and sexual and reproductive health. UNFPA will seek out opportunities to establish private sector partnerships and promote South-South cooperation for the exchange of good practices. UNFPA will support the Delivering as One approach.

### **III. Programme and risk management**

22. UNFPA and the Government of Kyrgyzstan will be jointly responsible for programme management and delivery, according to UNFPA policies and procedures. UNFPA will use the national execution modality to foster national ownership, build the capacity of national partners and ensure sustainability of results. UNFPA will select implementing partners based on their capacity and ability to deliver high-quality results, and will monitor performance and adjust implementation arrangements when needed. UNFPA may re-programme development activities in case of emergency situations.

23. The UNDP Resident Representative is the UNFPA Representative in Kyrgyzstan. The UNFPA Country Director, who resides in Kazakhstan, will oversee programme implementation, with office staff performing management and development effectiveness functions funded from the UNFPA integrated budget. UNFPA has analysed the human resources needs for the new country programme and prepared a human resources plan that will enable it to achieve country programme outputs. UNFPA will allocate programme resources for staff to provide technical and programme support. UNFPA will seek support from the regional office, and guidance from the technical units at UNFPA headquarters, as appropriate.

24. UNFPA will manage four main risks. First, the proper application of health care reforms for the successful implementation of the country programme and the sustainable achievement of results. Second, the availability of adequate funding for the implementation of national health programmes. Third, the growing religious and conservative environment. Fourth, the fragile political context of the country. To mitigate these risks, UNFPA and its partners will foster political support through advocacy, encouraging policy dialogue, and expanding partnership across a variety of stakeholders.

25. The resource mobilization plan will guide additional resource mobilization based on identified priorities and funding gaps. UNFPA plans to mobilize 1.5 million of additional resources. The resource mobilization strategy will focus on the positioning

of UNFPA and its mandate through a well-designed advocacy campaign involving targeted donors and partners.

26. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

27. UNFPA will participate in joint annual planning with other United Nations organizations. It will integrate monitoring and evaluation activities into United Nations Development Assistance monitoring and evaluation plans, and conduct joint monitoring with relevant United Nations partners. In collaboration with other organizations, UNFPA will use and strengthen national data collection and monitoring and evaluation systems.

28. Monitoring and evaluation of the country programme will be undertaken in accordance with UNFPA policies and procedures. UNFPA and its implementing partners will conduct field visits to monitor the implementation of activities as needed. Each implementing partner will complete quarterly progress reports. Data on country programme indicators will be collected annually to ensure that the programme is on track to meet its targets. UNFPA will prepare annual reports that will detail programme progress. Annual programme review meetings with national partners will assess progress towards expected programme outputs and any necessary adjustments will be made. UNFPA will identify and document the best practices and share them with partners in the country and region.

29. Evaluation of initiatives and projects will be conducted as required. The findings of these evaluations will contribute towards scaling up initiatives, as well as supporting and guiding development of the next country programme.

## RESULTS AND RESOURCES FRAMEWORK FOR KYRGYZSTAN (2018-2022)

<p><b>National priority:</b> National Development Strategy 2040</p> <p><b>UNDAF outcome 2:</b> By 2022, institutions at all levels are more accountable and inclusive, ensuring justice, human rights, gender equality and sustainable peace for all.</p> <p><b>Indicators:</b> Proportion of women aged 20-24 years who were married or in union before the age of 15 years and before the age of 18 years. Proportion of population subjected to physical, psychological or/and sexual violence in the previous 12 months.</p> <p><b>UNDAF outcome 4:</b> By 2022, social protection, health and education systems are more effective and inclusive and provide quality services. UNFPA is co-chairing agency for the UNDAF outcome 4.</p> <p><b>Indicator:</b> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods. Proportion of youth (aged 15-24 years) not in education, employment or training. <i>Baseline:</i> 2018; <i>Target:</i>2022</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Protocol for family planning services that meet human rights standards including freedom from discrimination, coercion and violence is adapted and implemented <i>Baseline:</i> No; <i>Target:</i> Yes</li> <li>Adolescent birth rate (15-19 years ) per 1000 women <i>Baseline:</i> 2015- 42; <i>Target:</i> 30</li> </ul>	<p><u>Output 1:</u> 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</p>	<ul style="list-style-type: none"> <li>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. <i>Baseline:</i> 14; <i>Target:</i> 19</li> <li>National humanitarian contingency plan includes elements for addressing the sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence <i>Baseline:</i> No; <i>Target:</i> Yes</li> <li>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 <i>Baseline:</i> 0; <i>Target:</i> 7</li> <li>Number of new sexual and reproductive health learning courses with approved curricula in institutions for training. <i>Baseline:</i> 0 ; <i>Target:</i> 2</li> </ul>	<p>Ministry of Health, Ministry of Emergency, Mandatory Health Insurance Fund, Ministry of Education and Science, Parliament, civil society organizations, Spiritual Administration of Muslims in Kyrgyzstan, United Nations organizations</p>	<p>\$2.0 million \$1.3 million from regular resources and \$0.7 million from other resources)</p>
	<p><u>Output 2:</u> 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</p>	<ul style="list-style-type: none"> <li>Number of new policies that include SRHR of women and young people including vulnerable and marginalized populations <i>Baseline:</i> 0; <i>Target:</i> 2</li> <li>Number of studies and surveys for evidence-based policy formulation <i>Baseline:</i> 0; <i>Target:</i> 3</li> <li>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 <i>Baseline:</i> 0; <i>Target:</i> 3</li> </ul>	<p>Ministry of Health, Ministry of Emergency, Mandatory Health Insurance Fund, Ministry of Labour and Social Development, Ministry of Internal Affairs, Ministry of Education and Science, Parliament, National Statistics</p>	<p>\$2.9 million (\$2.0 million from regular resources and \$0.9 million from other resources)</p>

		<ul style="list-style-type: none"><li>• Annually allocated budget for contraceptives for vulnerable women is included in the state budget by the end of 2022 <i>Baseline: 0\$; Target: \$40,000</i></li><li>• Percentage of recommendations of second report on confidential enquiry into maternal death implemented <i>Baseline: 0; Target: 70%</i></li></ul>	Committee, civil society organizations, Spiritual Administration of Muslims in Kyrgyzstan, United Nations organizations	
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