

UNAIDS

An Evaluation of UNAIDS Joint Programme Country Envelopes: 2018–2022

Country case studies

Kyrgyzstan



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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BUF	Business Unusual Funds
CE	Country Envelope
Cosponsor	United Nations entities that cosponsor the Joint Programme against HIV/AIDS
COVID-19	Coronavirus Disease 2019
CSOs	Civil Society Organizations
eMTCT	Elimination of Mother-To-Child Transmission
EVAW	Elimination of Violence Against Women
The Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HTC	HIV Testing and Counselling
Joint Plan	The Joint Plan on HIV/AIDS
Joint Team	United Nations Joint Team on HIV/AIDS
JPMS	Joint Programme Monitoring System
KI	Key Informant
KP	Key Population
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
MoE	Ministry of Education
MoH	Ministry of Health
Mol	Ministry of Internal Affairs
MoJ	Ministry of Justice
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NGO	Non-Governmental Organization
NPS	New Psychoactive Substances
PDA	Positive Deviation Approach
PLHIV	People Living with HIV/AIDS
PMST	Project Management Support Team
PMTCT	Prevention of Mother-to-Child Transmission
PR	Principal Recipient
PWID	People Who Inject Drugs
SDG	Sustainable Development Goal
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWs	Sex Workers
TB	Tuberculosis

TG	Transgender
ToC	Theory of Change
UBRAF	Unified Budget Results and Accountability Framework
UCO	UNAIDS Country Office
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

1 INTRODUCTION AND CONTEXT

1.1 Purpose and scope of the case study

This case study is part of a wider evaluation which aims to assess the relevance, coherence, efficiency, effectiveness, sustainability, and results of the UNAIDS country envelopes over the years 2018-2022, with a view to improving UNAIDS programming and results achieved through the Unified Budget Results and Accountability Framework (UBRAF) 2022-2026.

The scope of the evaluation is to:

- Assess the global and country allocation model to ensure country envelope (CE) funds are allocated to countries most in need.
- Assess the role of the CE funds in addressing priority gaps and needs in national responses.
- Assess the role of CE in supporting more strategic and prioritised joint planning and coordination.
- Assess the efficiency and effectiveness of the CE funding mechanism including disbursements, implementation, and reporting.
- Assess the results of CE funding, including the contribution to UBRF outputs and higher-level results.
- Explore alternative allocation and disbursement models for joint funds including lessons learned.

Kyrgyzstan is one of six countries¹ that were chosen for the case study.

1.2 Approach/Methods/Limitations

The evaluation is theory-based and involved the development of a Theory of Change which has served as an overall analytical framework for the evaluation. The TOC outlines the relationships between the CE funding and interventions and how these are expected to bring about change and results for national responses. Ten evaluation questions, based on OECD DAC Evaluation Criteria were identified refined and mapped to the TOC.²

The purpose of the country case study was to collect country evidence to answer ten overarching evaluation questions. The Kyrgyzstan country study has examined how CE has contributed to relevance, coherence, efficiency, effectiveness and sustainability and results, while also purposively focusing on a number of select activities of particular strategic importance through 'deeper dives'. Due to the limited time available to conduct the country study it was not possible to conduct an in-depth evaluation of each CE-funded activity.

The country case study in Kyrgyzstan is mainly focused on qualitative analysis of Joint Team plans and the implementation and results of CE-funded activities. Additionally, the case study is focused on eliciting lessons learned, factors helping or hindering the use and effectiveness of CEs.

This case study was conducted through document review and key informant (KI) interviews with relevant staff of the UNAIDS Country Office and Cosponsors in Kyrgyzstan (UNAIDS Secretariat, UNFPA, UNICEF, UNODC, UNESCO, UN Women, UNDP, WHO), key governmental organizations (Republican AIDS Center and Oblast AIDS Center in Osh), Key Population (KP)-led networks (PWID, women living with HIV, sex workers) and NGOs working with and providing HIV-related community services (in Bishkek and Osh oblast), and other donors (USAID and CDC). A total of 17 interviews, involving 38 individuals were conducted in July 2022, both face to face and using Zoom. A list of all KIs is presented in Annex 4. A bibliography of documents reviewed is presented in Annex 5.

¹ Cote D'Ivoire, India, Iran, Kyrgyzstan, Peru/Ecuador/Bolivia, and Zambia

² <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

2 NATIONAL HIV CONTEXT AND PROGRAMME RESPONSE

2.1 Overview of the epidemic

Documentary evidence indicates that despite significant efforts by government agencies, non-governmental and international organizations, HIV infection continues to grow in the Kyrgyz Republic. In the last 10 years the number of people living with HIV in the country has tripled from 3,317 (in 2011) to 11,153 (as of 01.01. 2022)³. The country has a total population of approximately 6.64 million people in which half of the population is under the age of 24 years. HIV prevalence in 2021 amounted to 1.4 per 1000 population⁴ with the highest prevalence in Bishkek city and Chui oblast (3.0 per 1000 population), in Osh city and Osh oblast (1.6 per 1000 population). The increase in detection of HIV cases in Bishkek city and Chui oblast is associated with registration at the place of detection without taking into account the address where the person is living/registered. Four oblasts - Naryn, Issyk-Kul, Talas and Batken - have a lower HIV prevalence rate (0.3 per 1000 population).

HIV mainly affects people of working age (20-49 years). The key population groups infected/affected by HIV in the country remain people who inject drugs (PWID), men who have sex with men (MSM), sex workers (SWs) and prisoners. The estimated number of PWID is 25000, MSM-16900, SW - 7100⁵. Following the IBBS for 2016 the prevalence of HIV among PWID was 14.3 per cent, MSM - 6.6 per cent, and SW - 2.0 per cent⁶.

In recent years, there has also been an increase in the number of HIV-positive women reaching 39 per cent in 2021 (from 28.7 per cent in 2010). There is an increase in the number of registered children under 15 living with HIV in the country from 500 in 2020 to 739 as of June 2022 (6.7 per cent of PLHIV)⁷. Since 2013 sexual transmission of HIV has increased and in 2021 made 80% of total number of detected HIV cases (35 per cent in 2017; 69 per cent in 2020)⁸, whereas mother-to-child-transmission accounted for 12.3 per cent⁹. The number of labor migrants¹⁰ diagnosed with HIV infection is also growing. According to routine data, 2840 (25.8%) of HIV-positive cases diagnosed in the last 10 years were in labor migrants. Opportunities to carry out prevention, treatment, care and support activities with them remain limited, which increases the risk of further growth of the epidemic.

2.2 National HIV policy and programmatic response

Since its independence in 1991, the Kyrgyz Republic has conducted successive health system reforms¹¹ and currently spends 10 per cent of its GDP on health. The ongoing State Programme (2019-2030)¹² aims at protecting health, ensuring access to essential quality services, strengthening primary health care, and decreasing financial hardship for all people and communities, in pursuit of universal health coverage (UHC) by 2030. There is documentary and key informant (KI) evidence for strong country commitment to end the AIDS epidemic by 2030. The Ministry of Health (MoH) has

³ HIV Statistics <https://aidscenter.kg/wp-content/uploads/2022/04/01.01.2022.pdf>

⁴ Republican AIDS centre 2019 <http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html>

⁵ Report on estimating the number of key population groups (PWID, sw) 2013, MSM 2016 in line with IBBS

⁶ http://www.afew.kg/upload/userfiles/IBBS_report_21_12_2017_final.pdf

⁷ Ibid.

⁸ Republican AIDS center 2019 <http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html>

⁹ Ibid

¹⁰ Labour migrants – Kyrgyz citizens who worked abroad (Russia, Turkey) and who lost their jobs due to COVID-19 and/or other reasons and are now back to the country (Kyrgyzstan).

¹¹ Manas Programme (1996-2005), Manas Taalimi National Health Care Reform Programme (2006-2010) and Den Sooluk National Health Reform Programme (2012-2018)

¹² “Programme of the Kyrgyz Republic Government on Public Health Protection and Health Care System Development 2019-2030 - Healthy Person – Prosperous Country” / Resolution of the Government of the Kyrgyz Republic of December 20, 2018 No. 600

endorsed the global 95-95-95 strategy and adopted the Fast-Track Initiative based on the WHO Test-&-Start approach. Achievement of the targets has been included in the State Programme. In 2021, the Kyrgyz Republic endorsed the new UN Political Declaration on HIV/AIDS, which reflects the main goals, objectives, and directions to overcome the HIV epidemic and eradicate AIDS.

The national response to HIV is implemented according to the Government Programme on Overcoming HIV Infection for 2017-2021¹³, and various resolutions and regulatory documents. The Programme's priorities and interventions are to ensure universal access to prevention, treatment, care and support for PLHIV and key populations at higher risk (PWID, SW, MSM, TG, prisoners). The Programme includes the plan for transition to domestic funding of HIV programmes. According to the Plan, domestic funding has increased by more than seven times from 2017 to 2019 for HIV related services, streamlining treatment regimens, reducing their costs and introducing mechanisms of state social contracting for implementation of preventive programmes among key population groups. A number of regulatory documents were approved: "On approval of the Rapid HIV Testing Programme in the Kyrgyz Republic"¹⁴, and "On approval of the Methodological Guide for Rapid HIV Testing in the Kyrgyz Republic"¹⁵. Currently the country is finalising the new Programme on Overcoming HIV Infection 2022-2026 which will, for the first time, include viral hepatitis B.

Further, the Government of the Kyrgyz Republic, approved the Human Rights Action Plan 2019-2021¹⁶. The Decree imposes personal responsibility of the heads of state bodies on quarterly reporting for the quality and timely implementation of this Plan. The Coordinating Council for Human Rights under the Government of the Kyrgyz Republic was established¹⁷ and its Regulations were approved.

The table below depicts the evolvement of the national HIV response over the past ten years including the main strategic directions towards prevention and enabling environment, to ensure sustainability of HIV programmes. For more details annex 3.

Table 1:Country HIV programme strategies/strategic directions from 2012-2026

Main HIV Programme directions/strategies (2012-2016)	Main HIV Programme directions/strategies (2017-2021)	Main HIV Programme directions/strategies (2022-2026) (draft document)
1. Reducing the vulnerability of injecting drug users to HIV infection	1. Provide a client-centric package of diagnostic, treatment, care and support services for key populations	1. Provide a comprehensive package of HIV prevention, diagnosis, treatment, care and support services for PLHIV and those most at risk of HIV infection
2. Prevention of sexual transmission of HIV infection	2. Strengthen the healthcare system to strengthen the response to HIV infection in the Kyrgyz Republic by 2021	2. Strengthen the health system to ensure effective responses to end the HIV epidemic infections
3. Ensuring access to treatment, care and support for people living with HIV infection (PLHIV)	3. Create favourable economic, legal and social conditions for overcoming HIV infection in the Kyrgyz Republic	3. Creating an enabling environment for overcoming HIV infection in the Kyrgyz Republic

¹³ The Government of the Kyrgyz Republic Programme on Overcoming HIV Infection in the Kyrgyz Republic for 2017-2021 adopted by the Government order from 30 Dec. 2017 # 852.

¹⁴ MoH Decree No. 530, dated 17 April 2019

¹⁵ MoH Decree No.728, dated 28 June 2019 the MoH Decree No.728, dated 28 June 2019

¹⁶ Order No 55-r, dated 15 March 2019

¹⁷ Decree of the Government of the Kyrgyz Republic No. 155, dated 17 March 2014

Main HIV Programme directions/strategies (2012-2016)	Main HIV Programme directions/strategies (2017-2021)	Main HIV Programme directions/strategies (2022-2026) (draft document)
4. Strengthening and ensuring the resilience of the health system in response to HIV infection		4. Ensuring coordination and sustainability of HIV programmes
5. Improving strategic coordination and public policy management		

Further, in March 2022, in order to address/prevent legal barriers for universal access of PLHIV, TB and key population to prevention, diagnostics, treatment and support services, the Ministry of Health (MoH), Ministry of Justice (MoJ) and Ministry of Internal (Mol) signed a joint decree on overcoming legal barriers to HIV and TB services for key populations 2022-2025¹⁸.

Despite these efforts, the 90-90-90 (now 95-95-95) goals set by UNAIDS have not been achieved. Only 71% of PLHIV were diagnosed, 63% of those diagnosed were receiving ART, and 89% of PLHIV undergoing treatment had viral suppression (AIDSInfo, 2022). The COVID-19 pandemic additionally slowed down progress in implementation of the National Programme, with the HIV cascade dropping by 20%, but this is now getting back to the pre-COVID-19 level. Despite the fact the global indicator has not been achieved, the number of PLHIV on Antiretroviral Therapy (ART) has doubled from 2015 till 2020 and the cascade of treatment has improved (e.g. in year 2015 it was 50-45-43%). To respond to those challenges the Ministry of Health of the Kyrgyz Republic approved numbers of orders to expand HIV diagnoses, treatment coverage, and increase adherence to Antiretroviral (ARV) including decentralisation of services to PHC and improving laboratory services, etc. Following WHO recommendations, national treatment protocols were reviewed in 2019.

2.3 National response challenges and priority areas/gaps that need addressing

Despite notable improvements in socio-economic progress over the last two decades, the Kyrgyz Republic continues to face significant longer-term challenges exacerbated by the COVID-19 crisis and, most recently, by the economic sanctions on Russia that risk disrupting the achievement of national development objectives and Agenda 2030.

According to the 2022 sustainable development report for Kyrgyzstan, Sustainable Development Goal (SDG) 3 (good health and well-being) and SDG 5 (gender equality) faced significant challenges and some stagnation. There are moderate improvements with challenges related to the achievement of the SDG 4 (quality education) and SDG 10 (reduced inequalities). On overall performance on SDGs in 2022 Kyrgyzstan is ranked 48 from 163 countries with the country score 73,7.¹⁹

Despite of progress in HIV testing and treatment promotion, there are gaps in sustaining achieved results for the first “90” and reaching targets for the second “90”. Insufficient HIV testing coverage of key populations, changes in HIV transmission routes and lack of access to new groups vulnerable to HIV (e.g. labour migrants, people using new group of drugs) are seen by KIs in the context of this evaluation as the main reasons for not achieving the 90-90-90 goals (now 95-95-95), together with limited funding for priority areas and insufficient monitoring and evaluation systems. Also, according to some KIs interviewed, adolescents, young people (including young KP) and young adults are often missed out by HIV prevention, testing and treatment interventions, although 60% of Kyrgyzstan population are under the age of 29.

¹⁸ MoH, MoJ, Mol (2022). Joint Decree on overcoming legal barriers to HIV and TB services for key populations (2022-2025)

¹⁹ Sustainable development report 2022 - Eastern Europe and Central Asia (Kyrgyzstan)

Stigma and discrimination remain major barriers to accessing HIV services, although the goal of achieving zero level of stigma is outlined in the country specific plans along with measures to decriminalize and reduce legal persecution of key groups. A study of the Stigma Index of PLHIV in Kyrgyzstan, conducted in 2016, shows that PLHIV most often faced discrimination from healthcare workers and from the immediate social environment. As a result of stigma and discrimination, or fear of it, KP and vulnerable groups are reluctant to disclose their status and follow up on the results of testing and medical examinations, even if they have access to services. In addition, stigma and discrimination reduce access to prevention programmes.

Illegal police practices in the form of harassment, extortion, arbitrary arrest and detention, violence and/or failure to protect from violence were identified by key populations in the baseline assessment²⁰ as a major barrier to accessing prevention services and a key issue affecting quality of their lives. High levels of stigmatization of drug users and sex workers is still present. Drug use remain highly criminalized which creates serious barriers to access to medical care and social support. The situation is aggravated by the emergence of a new group of drugs in the country - synthetic cathinone, known as "salts", "bath salts" and "crystals". As reported by KIs, the community lacks any knowledge, skills of providing assistance or practices of harm reduction. The current Harm Reduction programmes in the country target people who use opioids and hardly reaches people who use new psychoactive substances (NPS).

The COVID-19 pandemic has seriously impacted social and economic status and life of many people in Kyrgyzstan including people living with HIV who are recognised as individuals with particular risk from COVID-19²¹. The COVID-19 pandemic caused loss of jobs and income due to lockdowns, reductions in remittances from migrant workers (and return of Kyrgyz labour migrants to country), food price inflation, and reduced access to quality health care and other essential social services with a significant burden on the health care system in Kyrgyz Republic, both on inpatient and outpatient health care. Domestic and other forms of violence increased during the COVID-19.

The recently completed Focus Country Evaluation – Kyrgyz HIV evaluation²² and optima modelling²³ conducted in 2020 confirmed that funding should be focused on the scaling up antiretroviral therapy and almost exclusively focused on KPs. The 2020 Optima study recommended, in particular, scaling up MSM and PWID programmes, as well as substantially increasing funding for ART. However, there are some KI interviewed who expressed concerns regarding recommendations which focus only on “traditional” KP. New groups exist who are vulnerable to HIV (e.g. labour migrants, people using new group of drugs), as well as an upward trend in sexual transmission of HIV (non-KP and other populations, such as migrants). This requires better data and focusing on more than traditional KP.

2.4 Financing of the national response

The health care system in Kyrgyzstan is funded from public, private, and external sources. State funding comes from the republican and local budgets, and from payroll deductions for the Mandatory Health Insurance Fund (MHIF). External financing is provided through the Sector-Wide

²⁰ The Global Fund. Baseline Assessment Kyrgyzstan – Scaling up Programs to Reduce Human Rights-Related Barriers to HIV and TB Services, Switzerland, October 2018

²¹ Ministry of Health of the Kyrgyz Republic, update of clinical protocol, 2020

²² The Global Fund/APMG Health. Focused Country Evaluations – Kyrgyz HIV Remote Evaluation Report, November 2020

²³ Optimizing Investments in the Kyrgyz Republic’s HIV Response - This report summarizes the findings of an allocative efficiency analysis on Kyrgyzstan’s national HIV epidemic and response conducted in 2014–2015. The report addresses core questions for resource allocation such as “How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?” and “What level of investment is required to achieve national targets, if we allocate resources optimally?”

Approach (SWAp) by bilateral and multilateral development partners or through individual projects based on bilateral agreements.

There is still dependence on donor funding, which covers 90% of prevention programmes for key populations and about 40% of the need for HIV treatment (ART). The agencies that have been mostly involved in fighting the HIV epidemic and supporting the national HIV response in the Kyrgyz Republic are the Global Fund (providing close to 50% of all international funding), PEPFAR with USAID, CDC (30-40%), and the UN Joint Programme (UNAIDS Secretariat, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO) with 10-15%.

The assessment of national AIDS expenditures in relation to the state, private and international resources showed that in the period 2018-2020 Kyrgyzstan spent about US\$34,353,146 on AIDS programmes. Government expenditure accounted for 15 per cent of total expenditures, and the share of international donor organizations is 82 per cent²⁴.

Major service providers are international organizations, local organizations and civil society and NGOs.)²⁵

In line with the Transition Plan for domestic funding of the HIV Programme (2017-2021), there is a gradual increase in state funding for HIV Programme (for ARV procurement and for key population prevention programmes). Since 2017, the amount of state funding for HIV programmes aimed at procurement of HIV-related drugs and diagnostics has significantly increased, and more than 50% of the need for ARVs is now covered by the state budget. Within the framework of the Government Programme on HIV (2017-2021), for the first time the country introduced and is now implementing a 5-year plan and mechanism of state financing measures to control HIV.

Further, the Kyrgyz Republic has been advancing efforts to ensure sustainability of its HIV programming by developing mechanisms to provide government funding to NGOs to deliver services, or social contracting. Thus, the Government has allocated 5 mill soms (63K US\$) in 2022 to deliver services, including services for adolescents living with HIV.

In March 2022, MoH, MoJ, MoI signed the joint decree on overcoming legal barriers to HIV and TB services (2022-2025) for key populations including a detail plan of activities. The main goals are optimization and monitoring of regulatory legal acts on HIV and tuberculosis, increase of the capacity of employees of the Ministry of Internal Affairs; Prison Service of the Ministry of Justice, Ministry of Justice; Ministry of Health on legal issues related to HIV and TB and provision of practical legal assistance to people living with HIV and tuberculosis, as well as representatives of key populations. The plan / activities will be entirely funded by the state from the funds provided for the three ministries in the republican budget for the respective years.

3 UNAIDS JOINT PROGRAMME STRATEGIC ORIENTATION AND PROGRAMME APPROACHES

The Joint Programme on AIDS in Kyrgyzstan brings together the resources of UNAIDS and 6 Cosponsors for a UN coordinated HIV response. The UN Joint Team in Kyrgyzstan includes UNAIDS Secretariat, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, operating under the United Nations Development Assistance Framework (UNDAF) for Kyrgyz Republic 2018-2022.

²⁴ Министерство здравоохранения Кыргызской Республики - Кыргызская Республика, Оценка национальных расходов связи со СПИДом 2018-2020.

²⁵ Ibid.

3.1 Joint Programme and Joint Plans

The Joint Plan on HIV/AIDS (the Joint Plan) is based on the 2018–2022 UNDAF²⁶ in Kyrgyzstan which reinforces the strong partnership between the Government and UN system agencies to achieve country priorities. This framework builds on the UN Delivering-as-One-approach with its four strategic priorities: 1) sustainable and inclusive economic growth, industrial, rural and agricultural development, food security and nutrition; 2) *Good governance, the rule of law, human rights and gender*; 3) Environment, climate change and disaster risk management; and 4) *Social protection, health and education*.

Under the scope and guidance of the UNDAF 2018-2022 for the Kyrgyz Republic, the UN Joint Team formulated its Joint Plan on HIV/AIDS. Evidence from KIs and documentary sources indicate that Joint Plan is well aligned with country strategic directions and priorities outlined in the National HIV programme 2017-2021²⁷.

Table 2: Joint Plan alignment with country strategic directions

Main HIV Programme directions/strategies (2017-2021)	JP activities aligned to the State programme (outputs under priorities)
1. Provide a client-centric package of diagnostic, treatment, care and support services for key populations	HIV combination prevention services focused on/tailored to the identified specific needs of key populations (sex workers, men who have sex with men, people who inject drugs, migrants) are available and accessible
2. Strengthen the healthcare system to strengthen the response to HIV infection in the Kyrgyz Republic by 2021	The current Public Procurement Law is amended to allow pooled and international procurement
3. Create favorable economic, legal and social conditions for overcoming HIV infection in the Kyrgyz Republic	Address intersecting forms of discrimination.

UNAIDS Secretariat in the Kyrgyz Republic is the leading agency in promoting the HIV response through policy level advisory and advocacy, provision of strategic information, including HIV estimates, provision, and analysis of data for evidence-based decision making, and capacity development at national and local levels (both within and beyond government institutions). The UNAIDS Secretariat plays an important role in coordination and facilitation with regular monitoring to ensure synergy among UN agencies (and beyond) in joint work planning, technical assistance, implementation support and monitoring of the support to HIV response.

Under UNAIDS Division of Labor **UNFPA** in Kyrgyzstan is responsible for prevention of sexual transmission of HIV, along with strengthening linkages between SRH and HIV services that fall under its mandate. As such, UNFPA works to improve and maintain the sexual and reproductive health of young key populations, including people living with HIV, and their work aims to empower key population groups (MSM, SWs, PWID, PLHIV released from prison) and young populations and young people living with HIV to be fully engaged in SRH and HIV prevention programmes in the country.

As a Cosponsor of UNAIDS in its HIV/AIDS response, **UNICEF** in Kyrgyzstan aims to promote the rights of the child to support an environment for children and adolescents free from inequality, discrimination, and disease, particularly through “ensuring reduction of mother-to-child transmission (that children are born free from HIV) and those who live with HIV have access to adequate HIV services”. Further, UNICEF is working on strengthening the system of the collection of routine data on PMTCT to validate elimination of MTCT of HIV and syphilis in the Kyrgyz Republic.

²⁶ The United Nations Development Assistance Framework (UNDAF) for Kyrgyz Republic 2018-2022.

²⁷ The Government of the Kyrgyz Republic Programme on Overcoming HIV Infection in the Kyrgyz Republic for 2017-2021 adopted by the Government order from 30 Dec. 2017 # 852

Under UNAIDS Division of Labor **UNODC** in Kyrgyzstan is responsible for “addressing HIV prevention, treatment, and care for people who use drugs and for ensuring access to comprehensive HIV services for people in prisons and other closed settings” (reducing the number of new HIV infections among PWID and prisoners and re-integration and socialization of ex-prisoners and PWID). UNODC has also been involved in 2018 in supporting gender equality and empowerment of women and girls in Kyrgyzstan²⁸.

As a Cosponsor of UNAIDS in its HIV/AIDS response, **UNESCO** in Kyrgyzstan is responsible for supporting the contribution of national education sectors to end AIDS and promoting better health and well-being for all children and young people and has been contributing to the achievement of the country targets in “ensuring young people have access to basic HIV/STI/drug knowledge through school, special education, and community education”. UNODC in Kyrgyzstan is also addressing issues related to human rights, stigma and discrimination, and supporting HIV prevention, testing and treatment promotion among learners and young key populations²⁹ /youth working with NGOs and media.

As the lead on human rights, **UNDP**’s work on HIV and health leverages the organization’s core strengths and mandate in governance, and human capacity development. In Kyrgyzstan UNDP is performing a role of Principal Recipient³⁰ of the Global Fund grants (Effective TB and HIV control project) for achievement of the country targets and works to improve access for PLHIV to HIV services by increasing their legal literacy and supporting them in difficult life situations (supporting shelters and centers) and in increasing the wellbeing and quality of life of women and girls in Kyrgyzstan (support of vaccination against human papillomavirus for women and girls)³¹.

Under UNAIDS Division of Labor **UN Women**’s work in Kyrgyzstan aims to reduce stigma and discrimination by building capacity and leadership among girls, women and men, including representatives of key population groups and people living with HIV (PLHIV) to overcome self-stigma, stigma and discrimination. Additional UN Women works to prevent HIV-related violence and gender inequality by empowering women to reduce stigma and self-stigma within communities and society, and make girls and women, and other KPGs living with HIV, more visible.

One of the key financial sources for the Joint Programme is the CE funding. An overview of the Joint Team Cosponsors funding from CE, per year and per each Cosponsor, is presented in the section 3.2 (Table 3 and 4). In regard to the resources of the country envelope by strategic areas of the Joint Programme, *Testing & Treatment* area is receiving most of the funding (US\$298.701), followed by the *HIV prevention* area (US\$261.610), *Integrated PC HIV and health services* area (US\$76.118), *Gender equality* area (US\$67.000), *Paediatric AIDS, Vertical Transmission* area (US\$60.000), *Young people* (US\$53.040), while *punitive laws, policies, stigma and discrimination* area is receiving the least (US\$49.701).

²⁸ UN Women joined the CE for the second biennium (2020-2021) and third biennium (2022-2023).

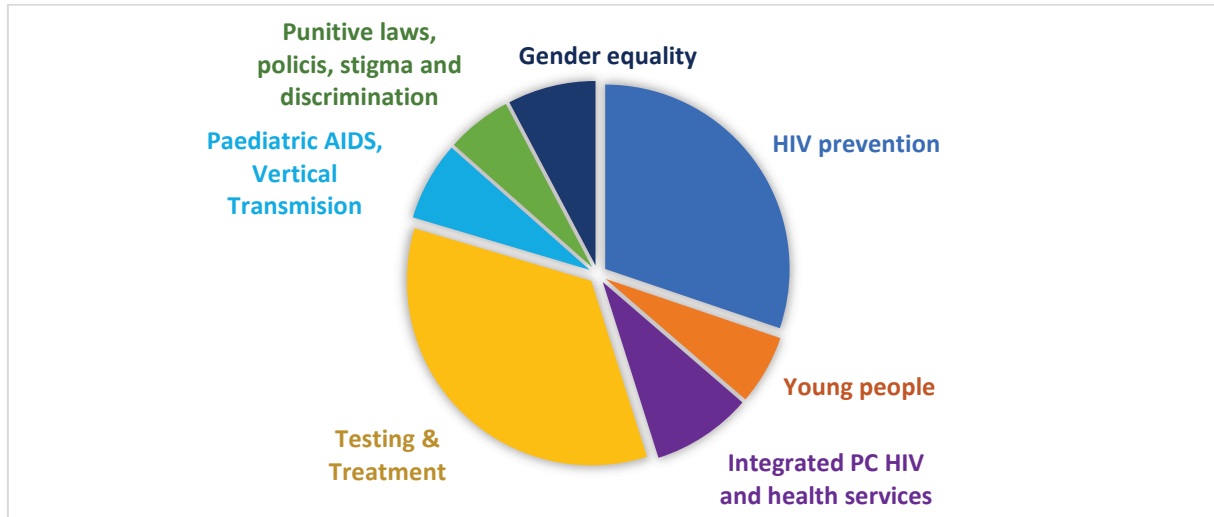
²⁹ Communities of people living with, at risk of, and affected by HIV, including key populations, women and young people.

³⁰ Based on an OIG audit of the MoH role as PR, uncovering corruption, PR-ship was transferred to UNDP (currently serving as the PR). Several attempts to change PR-ship back to government were initiated, the last in 2020, but without success due to current political instability in the country and frequent change of staff in the MoH as well as lack of capacity. There are some KI interview and documentary evidence of UNAIDS Secretariat and Joint Team support to the National Scientific and Practical Center for Infection Control of the "Preventive Medicine" Association under the Ministry of Health for a gradual transition to a national PR.

³¹ UNDP supported screening for HPV (complex of examinations, including 2 examinations of a gynecologist, STI test, Cytological examination, Colposcopy examination, PCR for HPV) to enable women and girls to be vaccinated (HPV vaccination under Global Fund project – UNDP PR)

The overview of the total resources of the country envelope by strategic areas of the Joint Programme for the entire allocation (2018-2023) is presented in figure 1 below with more details in Table 5.

Figure 1: Resources by strategic area, country envelope, 2018-2023 Source: JPMS data and classifications



The above distribution is in line with a recently completed Focus Country Evaluation – Kyrgyz HIV evaluation³² and optima modelling conducted in 2020 confirming that funding in Kyrgyzstan should be focused on the scaling up antiretroviral therapy and focused on KPs (in particular, scaling up MSM and PWID programmes). The areas for allocation of CE seem aligned to the country priority areas/gaps described in section 2.3.

3.2 Overview of Joint Team Cosponsors funding

The implementation of the 2022-2026 UBRAF relies on core resources mobilised by the UNAIDS Secretariat for the Joint Programme as well as funding from the Cosponsors' regular and extra-budgetary resources. Funding from the core UBRAF to support the work of the Cosponsors at the country level is provided in the form of country envelopes (introduced in the 2018-2019 biennium). The total resources of the country envelope in Kyrgyzstan for the entire allocation (2018-2023) is US\$1.212.000.

An overview of the Joint Team Cosponsors funding, per each Cosponsor, is presented in Table 3 and 4 below. The CE per year in the first two biennia (2018-19 and 2020-21) was US\$ 150.000 with additional Business Unusual Funds (BUF) in 2020 and 2021 (US\$ 62.000 and US\$100.000 respectively). For the current biennium the amount per year has been increased to US\$230.000 (2022) and US\$220.000 (2023) with no distinct BUF. Although the CE allocations in Kyrgyzstan have increased over time, the number of Cosponsors involved has been also increased (UN Women joined CE in 2020).

UNFPA is receiving most of the funding - US\$344.600 (including US\$100.000 BUF in 2021), while UN Women who joined CE later (in 2020) is receiving the least - US\$143.000. UNDP, who is also a Principal Recipient of the Global Fund grants, is receiving US\$151.900.

Only 2 Cosponsors received BUF funds (UNODC in 2020 and UNFPA in 2021) with quite a large sum in comparison to their CE funding (US\$62.000 and US\$100.000 respectively). Some Cosponsors are also

³² The Global Fund/APMG Health. Focused Country Evaluations – Kyrgyz HIV Remote Evaluation Report, November 2020

receiving additional funds directly from UNAIDS, through UN agreement (e.g., UNODC - US\$300.000 to cover gaps which are not covered by the Global Fund grant).

It is difficult to track Cosponsors spending on the HIV/AIDS response. Amounts of agency investments in the HIV/AIDS response from other sources were not available to the consultant therefore the proportion of the country envelope in relation to the agencies' overall AIDS resources is unclear.

Table 3:CE allocation data per Cosponsor (2018-2023), Source: UNAIDS HQ finance data

Cosponsor	2018	2019	2020			2021			2022	2023	Total 2018-2023
	CE	CE	CE	BUF	CE & BUF	CE	BUF	CE & BUF	CE	CE	CE & BUF
UNDP		21.000	27.000		27.000	11.500		11.500	51.200	41.200	151.900
UNESCO	24.000	24.000	24.900		24.900	25.000		25.000	30.000	30.000	157.900
UNFPA	50.000	40.000	27.000		27.000	20.000	100.000	120.000	53.800	53.800	344.600
UNICEF	36.000	36.000	23.500		23.500	23.500		23.500	30.000	30.000	179.000
UNODC	40.000	29.000	24.600	62.000	86.600	20.000		20.000	30.000	30.000	235.600
Un Women			23.000		23.000	50.000		50.000	35.000	35.000	143.000
Total	150.000	150.000	150.000	62.000	212.000	150.000	100.000	250.000	230.000	220.000	1.212.000

The absorption rate ranges between 96% and 100% (Table 4). The data presented below were obtained from UNAIDS headquarters. Some discrepancies in the absorption rate were observed, between data obtained from Cosponsors during the field mission and data from UNAIDS.

Table 4:CE allocation, expenditure and absorption rate per Cosponsor (Biennium 2018-2019 & 2020-2021)

Co-sponsor	2018 & 2019			2020 & 2021			Grand Total		
	Allocation	Expenditure	Absorption	Allocation	Expenditure	Absorption	Allocation	Expenditure	Absorption
UNDP	21.000	12.919	62%	38.500	45.145	117%	59.500	58.064	97.5%
UNESCO	48.000	47.999	100%	49.900	49.899	100%	97.900	97.898	100%
UNFPA*	90.000	89.269	99%	147.000	147.609	100%	237.000	236.878	100%
UNICEF	72.000	72.000	100%	47.000	47.002	100%	119.000	119.002	100%
UNODC**	69.000	64.119	93%	106.600	102.178	96%	175.600	166.297	94,7%
Un Women				73.000	73.012	100%	73.000	73.012	100%
Total									

*In 2021 (CE 20.000 + BUF 100.000)

** In 2020 (CE24.600 + BUF 62.000)

The overview of Joint Team Cosponsors activities under CE (2018-2023) in Kyrgyzstan is presented in the Table 5 below

Table 5: Overview of Joint Team Cosponsors activities under country envelope (2018-2023) in Kyrgyzstan (Source: JPMS database)

Lead agency	CE allocation (in US\$)	Strategy Result Areas (SRA) – ref. 2016-2020 Strategy/Result Areas (RA) – ref. 2021-2026 Strategy	Description of activities (source; JPMS)
Biennium 2018-2019: 5 agencies (US\$ 300.000) - SRA 1,2,3,4,6,8			
UNFPA	US\$ 90.000	HIV prevention among key population; HIV prevention among young people; HIV and health services integration (SRA 3, SRA 4 SRA 8)	Increasing prevention coverage for key populations tailored to young key populations - Conduction of situation analysis on STI service provision for key populations. Implementation of comprehensive HIV prevention programmes tailored to the needs of young key populations (capacity building for services providers, for both Governmental and NGO institutions, on integrated HIV, SRH and STI services for young key populations). Community empowerment of young key populations for meaningful participation in programming, implementation and monitoring of comprehensive and integrated HIV services for young key populations (SW/MSM/transgender).
UNODC	US\$ 69.000	Gender inequality and GBV (SRA 6)	Women empowerment - capacity building (training) of women living with HIV in northern and southern parts of Kyrgyzstan to overcome barriers that hamper to achieve the goals to protect and promote their rights and interests; train women activists living with HIV for using their leadership in matters of positive health, dignity, and prevention. Institutionalization of the harm reduction courses into curricula of Training Centers of Ministry of the Interior Affairs in Bishkek and Osh cities. Re-integration and socialization of ex-prisoners and PWID (shelters). Series of trainings for Bishkek shelter personnel and for ex-prisoners on how to integrate and re-socialize (e.g obtain documents, find the job, etc.). The shelters also provide all cascade of harm reduction services: needle and syringe exchange, ARV medicines and PWID are learned there how to be a member of MAT.
UNICEF	US\$ 72.000	HIV testing and treatment; eMTCT (SRA 1 and SRA 2)	Psychosocial support to children living with HIV - Development of National guidelines on Provision of psychosocial support to children living with HIV, including status disclosure. Provision of psychosocial support to children living with HIV, (ToT training for medical staff, social workers and psychologist). HIV testing and treatment - Certification of medical professionals on PENTA/CHIVA courses to provide quality services to children and adolescents with HIV. Support to MoH WG to develop eMTCT roadmap for certification. Support to the Osh AIDS Center to apply innovative approaches to improve access of pregnant women to HIV testing (assisting HIV self-testing of the pregnant women through provision of the pre-test counselling and specialized consultation).
UNESCO	US\$ 48.000	HIV prevention among young people; Human rights, stigma and discrimination (SRA 3 and SRA 6)	Strengthening capacity of people living with HIV networks and media to address issues related to human rights, stigma and discrimination, HIV prevention and testing promotion (development and implementation of integrated media campaigns on stigma and discrimination reduction & HIV testing promotion through multiple channels and videos with Kyrgyz celebrities. Media Campaign through "School Elections" series to support HIV+ adolescents, reduce stigma and self-stigma, raise awareness about HIV, empower girls living with HIV.
UNDP	US\$ 21.000	HIV and health service integration (SRA 8)	Improving access for PLHIV to HIV services – by increasing their legal literacy and supporting them in difficult life situations. Support to PLHIV Center functioning in Osh and Bishkek (Centers/shelters).
Biennium 2020-21: 6 agencies (US\$ 280.090 + BUF 162.000) - SRA 2,3,4			
UNFPA	47.000	HIV prevention among key populations (SRA 4)	Combination prevention - Informational sessions to promote condom use and development and dissemination of informational materials - media campaign launched through social platforms to address sexual transmission of HIV. Maintenance and updating of mobile application on SRH and HIV to young key populations Addressing stigma and discrimination towards key population - a documentary on health of KPs to address stigma and discrimination; Youth Camp (a ToT for young key populations on activism in SRH and HIV programmes). School of people living with HIV from key populations on SRHR, Promotion of SRH among NGOs working with key populations.
UNFPA	BUF 100.000	HIV prevention among key populations (SRA 4)	Promote adherence to ARV treatment and contribute to cascade of treatment, as well as on sexual and reproductive health and reduction of sexual transmission of HIV.
UNODC	24.600	HIV prevention among key populations (SRA 4)	Strengthen the prevention and treatment of narcotic drug abuse "Criminalization and HIV" training for NGO (northern and southern part) providing harm reduction services to strengthen their knowledge in new substances and know how to provide services to the new group.

Lead agency	CE allocation (in US\$)	Strategy Result Areas (SRA) – ref. 2016-2020 Strategy/Result Areas (RA) – ref. 2021-2026 Strategy	Description of activities (source; JPMS)
UNODC	BUF 62000	HIV prevention among key populations (SRA 4)	Strengthen the prevention and treatment of narcotic drug abuse - Conduct research on prevalence of New Psychoactive Substances use among drug users, MSM and SWs in Kyrgyzstan with recommendations on prophylaxis of NPS and the revised package for harm reductions
UNICEF	47.000	Elimination of mother-to-child transmission (SRA 2)	Increasing access to HIV prevention and services for women and children living in the remote areas having difficulties with access to the HIV prevention and management services due to the different factors (stigma, fear, absence of the means for transportation, absence of the trained health staff on the primary health care level). Development of the approach and algorithm for the WhatsApp based counselling for the pregnant women.
UNESCO	49.990	HIV prevention among young people (SRA 3)	Youth empowerment and increasing access to prevention HIV services (HIV testing and initiating treatment) - Charbot OILO for HIV/SRH awareness raising among young people, including key population; Teens.kg “Champions for Change” ecosystem to build youth capacities for HIV and SHR awareness raising, violence and discrimination reduction; Dance4Life – Journey for Life project to empower youth to prevent HIV/STIs. Building capacity in education sector - Video lessons, teacher guide and teacher training to build education sector capacity to deliver HIV/sexual education.
UN WOMEN	73.000	HIV prevention among key populations (SRA 4)	Reducing the level of stigma and self-stigma within the community and society - Development of CEDAW reporting guidelines on intersectional discrimination (Convention on the Elimination of all Forms of Discrimination Against Women). Building capacity and leadership skills of socially vulnerable women's groups - promotion of the Positive Deviance approach ³³ as an innovation to build capacity and leadership skills of socially vulnerable women groups (women and girls living with HIV, victims of violence, LGBTQ, women migrants).
UNDP	38.500	HIV prevention among young people (SRA 3)	Improving access for PLHIV to HIV services – further support to two NGOs for the implementation of services within the framework of PLHIV Centers on Osh and Bishkek. Prevention - support of vaccination of women and girls against human papillomavirus - supported screening for HPV (complex of examinations, including 2 examinations of a gynecologist, STI test, Cytological examination, Colposcopy examination, PCR for HPV) to enable women and girls to be vaccinated (HPV vaccination under Global Fund project – UNDP PR).
Biennium 2022-23: 6 agencies (US\$ 450.000) – RA 1,4,6,7			
UNFPA	13.000 8.000 14.800 8.000 10.000 15.000 5.800 15.000 10.000 8.000	HIV prevention (RA 1) Young people (RA 7) Community led response (RA 4)	Promoting ARV treatment and SRH of key populations and PLHIV - will improve knowledge and skills of 500 key populations and PLHIV on adherence to ARV treatment and SRH (educational sessions for KPs and PLHIV by the community members themselves, sharing information on the need to self-care on sexual and reproductive health. Improving uptake of PrEP among MSM - improve knowledge and skills of outreach workers, peer-navigators, HIV counsellors on PrEP to provide better counselling to key populations to improve PrEP uptake by MSM and promoting condom use. Community empowerment of key populations and PLHIV on leadership and activism, preparing future leaders to advocate for their rights and sharing information on HIV (camps, trainings). Youth engagement - Strengthening knowledge and skills of young people in programming, implementation and monitoring of SRH and HIV-related programmes. A Task Force of young KPs will be established to advocate for their HIV and SRH rights and needs. Combination prevention among key populations and PLHIV - building capacity of outreach, social workers and HIV counsellors among key populations on providing a combined package of counselling services to KPs and PLHIV.

³³ This is an innovation in HIV and helps the communities directly engage, get benefit and further disseminate. Help to reduce stigma and self-stigma within communities and society, and make girls and women, and other KPGs living with HIV more visible.

Lead agency	CE allocation (in US\$)	Strategy Result Areas (SRA) – ref. 2016-2020 Strategy/Result Areas (RA) – ref. 2021-2026 Strategy	Description of activities (source; JPMS)
UNODC	19.800 10.200 19.800 10.200	Community led response (RA 4)	Community led monitoring in PWD –adaptation and piloting community -led monitoring guide for people, who use drugs for further constants use. Community representatives will adapt existing global guidelines for community-led monitoring to local conditions and realities with further piloting and scaling-up. Gender based health and social services for imprisoned KPs. - ensuring access to social and health services for at least 25 women who use drugs, documents restoration after releasing from imprisonment, shelter provision, and support for employment. Psychological counselling services will be proposed to 242 imprisoned women.
UNICEF	30.000 30.000	Vertical HIV transmission, paediatric AIDS (RA 3)	Dual elimination of MTCT of HIV and syphilis - Strengthening the system of collection of routine data on pMTCT to validate elimination of MTCT of HIV and syphilis in the Kyrgyz Republic - introduction and implementation of the revised set of national-level process and impact indicators; mentoring and monitoring visits to the health facilities; Establishment of National Validation.
UNESCO	30.000 30.000	Gender equality (RA 6)	Strategic partnerships, empowering women & key population - strategic partnerships to catalyse and promote discussions within communities and larger public to transform harmful social and gender norms, reduce stigma, discrimination, gender-based violence and inequalities in order to mitigate the risk and impact of HIV, improve access to services and promote safer practices. Capacitated community-led organizations and networks to build on the established partnerships with media and other stakeholders to further address inequalities, stigma, discrimination and violence, promote safer practices, human rights-based values, and support their constituents.
UN WOMEN	10.000 18.000 7.000 25.000 10.000	HIV prevention (RA 1) Gender equality (RA 6)	Regional HIV and gender consultations ("Old vs. New Approach") - to ensure that HIV and health-related services are available, accessible, acceptable, and affordable to girls, women, and other key population groups. Share practices from Positive Deviance approach. Creation of a "Caravan for Equality and HIV." Through the Caravan programme contribute to HIV prevention, treatment and care by applying gender equality approaches and empowering girls and women in remote areas of the country through theatre performances, information sessions, and peer counselling. HIVChaton among youth - innovative concepts with a focus on technologies and gender-sensitive aspects. Small grant support to NGOs to document lessons learned and present findings at the country and regional level. Development and production of 2 animated videos on HIV, stigma and discrimination, rights, and gender issues).
UNDP	10.000 41.200 41.200	Community led response (RA 4)	Sustainability of HIV prevention, treatment, care and support programmes - revision and amendments to existing regulatory documents. Consultation and engagement with civil society (advocacy activities to ensure the provision of methadone maintenance therapy services on the basis of state medical organizations). Implementation of a new model of web outreach for users of new psychoactive substances in Bishkek and nearby districts of Chui region (harm reduction programmes through the web outreach model, tested for HIV through outreach workers or HIV self-test).

Note: UNAIDS Strategy 2016-2020: SRA 1 – HIV testing and treatment; SRA 2 - Elimination of mother-to-child transmission; SRA 3 – HIV prevention among young people; SRA 4 – HIV prevention among key populations; SRA 5 – Gender inequality and gender-based violence; SRA 6 – Human rights, stigma and discrimination; SRA 7 – Investment and efficiency; SRA 8 – HIV and health service integration;

UNAIDS Strategy 2021-2026: RA 1 – HIV prevention; RA 2 – HIV testing, treatment, viral suppression and integration; RA 3 – Vertical HIV transmission, paediatric AIDS; RA 4 – Community-led responses; RA 5 – Human rights; RA 6 – Gender equality; RA 7 – Young people; RA 8 – Fully funded and efficient HIV response; RA 9 – Integration of HIV into systems for health and social protection; RA 10 – Humanitarian settings

3.3 Main partnerships engaged in implementing the Joint Plans and country envelopes (key partners and sectors)

The Joint Team in Kyrgyzstan collaborates with national and other international partners (Global Fund, USAID, CDC, etc.) to support Kyrgyzstan in planning/developing and implementing interventions to support implementation of the National HIV Programme. Main partners engaged in implementing the Joint Plans and CEs in Kyrgyzstan are Ministry of Health of the Kyrgyz Republic, Ministry of Education (in strengthening education sector capacity to deliver HIV/sexuality/health education in schools), Ministry of Justice, Ministry of Internal Affairs (chemical and toxicology division), Republican AIDS Center, Osh AIDS Center, Republican Center of Narcology, community based and civil society organizations and networks and NGOs who play a significant role in development and implementation of interventions. They work jointly in planning and addressing country strategic priorities and gaps.

The Republican AIDS Center is an important partner involved in coordination work with civil society organizations and other international partners in HIV response and programme implementation. The Center works closely with all Joint Team members, for example, with UNICEF focusing on children and pregnant women to prevent vertical transmission of HIV; with UNFPA in the field of sexual reproductive health among key populations at the PMST level; UNDP as a PR of the Global Fund grants, etc.

Civil society organizations (CSOs) are engaged in programmes and interventions at the local level that contribute to develop the capacities of targeted communities, institutions, and themselves. For example, the Positive Deviance approach in HIV and EAW, implemented by UN Women under the UNAIDS CE. This initiative supports NGOs and the civil sector to build partnerships with government agencies and coordinate work within HIV prevention programmes and community development in promoting gender issues in HIV. They build capacity and develop leadership among girls, women, and men from representatives of KP groups and PLHIV and work to overcome self-stigma, stigma, and discrimination. Another example is a collaborative ecosystem of media and civil society partners with youth-led and youth-serving media network (TEENS.KG in its core) - developed and strengthened partnership in implementing the Joint Plans and CE activities.

4 CASE STUDY FINDINGS

4.1 Evaluation question findings related to relevance and coherence (evaluation question 1)

Relevance and coherence of country envelope allocation model

The Joint Plan and envelope proposals for 2018-19, 2020-21 and 2022 biennium in Kyrgyzstan reflect the HIV epidemiological situation in the country and are well in line with SDGs, UBRAF Strategic Areas and national HIV programme. **Country envelope funding is allocated to Cosponsors in a transparent manner**, based on clear and understandable criteria and in line with national priorities and needs including emergency issues. It is a **highly welcomed initiative by Cosponsors in Kyrgyzstan** enabling them to be more focused on HIV and country to address some of the gaps. The fact that CE funds are shared among all Cosponsors in Kyrgyzstan does not affect the innovative and/or catalytic nature of interventions under the CE, but allows more participation. The Country Envelope allocation model is flexible enabling quick adaptation to emerging programming needs.

EQ 1: How well is the Country Envelope allocation mechanism working?

The Joint Plan and envelope proposals for the 2018-19, 2020-21 and 2022-23 biennium are well aligned with SDGs, UBRAF Strategic Areas and country priorities. Documentary and KI evidence indicates that UNAIDS in Kyrgyzstan is playing an important role in coordinating development, implementation, and monitoring of the National Programme on Overcoming HIV infection in Kyrgyz Republic (2017-2021 and 2022-2026), as well as the State Health Programme. The UNAIDS Secretariat and Joint Team members provide technical advice and inputs through their participation in relevant working groups and coordination platforms during the design of the national HIV programme.

Further, documentary and KIs evidence suggest that the Joint Plan areas of support reflects HIV epidemiological situation in the country and are relevant to country priorities (see Table 2) and to the needs of their constituencies and consider the Joint Plan and CE envelope proposal well in line with SDGs, UBRAF Strategic Areas and national HIV programme in Kyrgyzstan.

“CE is a highly welcomed initiative from UNAIDS enabling us to be more focused and vivid for HIV”.

“CE is about jointness, planning, and bringing UN agencies together in their approach”.

“Working with the CE is one of the best partnerships at the country level with complement work”.

UN Key informants in Kyrgyzstan

There is considerable evidence from KI interviews and documentary sources that CE processes have made important contributions (incentivized) to the joint planning process and enabling discussion on existing gaps in the national programmes. This has resulted in relevant and coordinated support to the country response to HIV. Both KI interviews and documentary evidence, point to UNAIDS and Joint Team’s strong engagement and consultation with key national stakeholders (e.g., MoH, MoE, Mol, MoJ, CSOs, NGOs, KP networks, etc.) during the planning processes to support HIV national response and address country needs and gaps.

UNAIDS country envelope (CE) and joint planning is a highly welcomed initiative in Kyrgyzstan with open and transparent processes which enable Cosponsors to keep the focus and/or more focus on HIV. CE funding is allocated to Cosponsors in a transparent manner, based on clear and understandable criteria and is flexible to adapt to emergency issues. There is a clear guidance from UNAIDS Secretariat on processes and mechanisms related to CE. All Cosponsors in the country receive an indicative amount for allocation, as well as guidance and instructions on priority areas relevant to country needs. They can attend the workshop for clarifications (initiated by UNAIDS Secretariat), and jointly discuss country programme and relevant areas to *“close programme gaps”*. According to KIs interviewed there are clear criteria in joint discussion and selection, and transparent processes for allocating CE funds with agreement among Cosponsors in Kyrgyzstan that all Cosponsors will receive a portion of CE funds (based on prepared proposals, voting and consensus). Some Cosponsors stated that time for preparing the proposal is too short, with call and guidance shared with Cosponsors in October and deadline for proposal submission in November (including concept note, feedback from the Cosponsors HQ, regional office, UNAIDS Secretariat - UCO, and upload of data in the online template which, according to the Cosponsors, changes every year). All interviewed stakeholders consider the CE allocation model as flexible which enables quick adaptation to emerging and other programming needs including reprogramming of funds to address COVID-19 pandemic (see EQ5). Funds can be shifted among activities/interventions. They can also be used for covering salaries of the existing staff working on the project. However, funds can’t be used for hiring new/fixed-term staff of the main implementers.

The chance for all Cosponsors to access some funding from CE does not affect innovative and/or catalytic nature of interventions under the CE in Kyrgyzstan. Due to the internal agreement among

Cosponsors in Kyrgyzstan on sharing CE funds (with all Cosponsors to receive portion of CE funds), there is no real competition between Cosponsors when applying for CE funds. Although a lack of competitiveness could be expected to lead to a lack of innovation and catalytic effects of proposed interventions, this was not the case in Kyrgyzstan. Moreover, having no competitiveness resulted in jointness and closer planning among Cosponsors with a simple and easy process for Cosponsors to apply for CE funds (1-2 pages proposal and budget followed by the online application after country approval and no objection from the regional office). Transactions costs were not raised as an issue by Cosponsors in Kyrgyzstan (even when prompted on it, transaction costs in terms of planning and reporting time, and meetings time did not seem to be an issue for respondents). Unlike the CE, the additional BUF funding, introduced in biennium 2020-2021, was focused and competitive (proposal based). Some KIs stated that BUF process/proposals were “complex almost like application for the Global Fund grants”.

There is not enough information and evidence on how global and regional QA processes for CE influencing the allocation of funds in Kyrgyzstan. There is a consensus of Joint Team/all Cosponsors at the country level, after approval of the UNAIDS RST and regional co-sponsors, with no-objection from UNCT.

4.2 Evaluation findings related to efficiency and effectiveness of Joint Programme Country Envelope mechanisms and processes (evaluation questions 2-5)

Efficiency and effectiveness of Joint Programme Country Envelope mechanism and processes

Joint Team members collaborate effectively to ensure CE support is relevant to country needs. BUF funds are seen by Cosponsors and other key stakeholders as additional funds (one time offer to top CE) with a very narrow focus to fill a particular gap in implementing the national HIV programme. Late disbursement of CE funds (in March) affects implementation of some projects by shortening implementation period to 9 months. Reporting for CE (and BUF) takes place in a timely manner though there are no standardised reporting procedures and templates provided by UNAIDS.

Both, CE and BUF are seen as catalytic, helping Cosponsors to keep and/or refocus on HIV and advocate in their agencies to continue and /or increase allocations for supporting the HIV response. Having the focal point on HIV in the Cosponsor country offices keeps the Cosponsor focus on HIV. Lack of dedicated staff-time reflects in insufficient contribution to the HIV response.

UNAIDS Secretariat and Joint Team members, together with the Kyrgyz Government continue to promote stronger, deeper engagement with civil society groups and to sustain their support and services for vulnerable groups. There have been multiple interventions funded through the CE to support gender equality, human rights, and community-led responses. UN agencies showed great flexibility in adapting their work plans to new emerging challenges (COVID-19) including reprogramming of CE funds.

EQ2: How well are the structures and processes to support the implementation of the country envelope model working in practice?

UNAIDS Secretariat in the Kyrgyz Republic is well respected and recognised by Cosponsors, other donors, governmental organizations and CSOs/NGOs, as the leading agency in promoting the HIV response. By bringing all stakeholders together and facilitating discussion on country priorities, needs and gaps, **UNAIDS Secretariat with CE funds and joint planning work and processes is ensuring good collaboration and complementary work among Cosponsors and helping country to better prioritize and address country strategic needs and gaps in HIV response.** The evidence also points to UNAIDS Secretariat and Joint Team members presence in national HIV and other health platforms supporting strategic developments and advocating for people living with HIV and key and priority population's access to services.

Joint Team members collaborate effectively to ensure country envelope support is relevant to country needs. Documentary and KI evidence indicate that UNAIDS CE funds in Kyrgyzstan are efficient and in line with national priorities and needs, including emergency issues. Starting from the planning process and through implementation the Joint Team members collaborate effectively and are informed about each other's work. KI interviews and documentary sources, including minutes of meetings demonstrates that Joint planning and allocations for implementation under the CE are decided jointly (voting and consensus) and presented on regular Joint Team meetings and other national platforms. Joint Team meetings are seen as a good platform for getting a full picture, discuss country needs and plan support. Challenges and lessons learned from the implementation are regularly shared and taken into account in planning for the next year. Changes and new government strategic directions, as a result of ongoing reforms, are promptly discussed among Joint Team members including how changes/reform might affect HIV response. During the COVID-19 pandemic Joint Team members collaborated effectively and emerging needs were discussed. This resulted in a prompt re-programming to address needs during lockdown. Examples of support include the provision of protective equipment to meet security measures in services related to HIV, strong involvement of CSOs, adaptation of work plans and introduction of innovative approaches and mechanisms (like use of the online platforms in counselling, delivering medicine to people's homes so treatment could be continued during the lockdown, etc) in implementing CE funds.

Disbursed funds reach Cosponsors in countries in the second half of February and/or in March which shortens the period for project implementation and in some cases affects the quick mobilisation of implementers. All interviewed Cosponsors/agencies reported that disbursement of CE funds is later than stated in the official guidance. The loss of the first quarter shortens the implementation period to 9 months (e.g. UNFPA). The delay in receiving funds causes delays in money disbursement to immediate implementers. For some NGOs, the disruption in receiving resources including for staff salaries led to some staff leaving their positions (e.g., Kyrgyz Indigo, the main implementer of CE funds for UNFPA). This affected quick mobilization of teams and start of project implementation even when the funds were made available again. The exception in this regard was UNICEF, where there were no delays in the timeframe and planned project activities, mainly due to their internal policy allowing them to shift resources from other sources / projects and budget lines. This enables UNICEF to start with project implementation on time using their own resources before receiving funds from the CE.

The reasons given for the delays were the lengthy processes followed for funds to be disbursed. They are first sent to the co-sponsor HQ office by UNAIDS HQ and then to country offices, following internal Cosponsor procedures. The KIs interviews highlighted that these lengthy processes should be taken into account and UNAIDS guidance and planning process revised to reflect the actual disbursement timeline in countries. Current UNAIDS guidance states that disbursement takes place in January, and projects are planned in accordance with that timeline. In this regard, moving to 2 years

planning cycle in biennium 2022-2023 was welcomed by Cosponsors as it enables Cosponsors to shift activities that are not completed during the first year (as a result of late receipt of funds and start of project implementation only in March) to the second year.

BUF funds are seen as additional funds (a top up to CE) with a very narrow focus to fill in a particular gap in implementing national HIV programme in Kyrgyzstan. The BUF funding was introduced in biennium 2020-2021 and was welcomed by all stakeholders interviewed. With the agreement of all Cosponsors the UNODC received BUF funds in 2020 following a successful proposal³⁴. The project was to conduct research on the prevalence of New Psychoactive Substances use among drug users, MSM and SWs and provide recommendations on prophylaxis of NPS and the revised package for harm reductions. UNFPA received BUF funds in 2021, following a successful proposal to promote adherence to ARV treatment and contribute to cascade of treatment, as well as on sexual and reproductive health and reduction of sexual transmission of HIV.

In comparison to CE, the BUF process was competitive and more complex. Both, CE and BUF, are seen as catalytic, helping Cosponsors to keep and/or refocus on HIV and advocate in their agencies to continue and /or increase allocations for supporting the HIV response in Kyrgyzstan. CE funds led to some Cosponsors raising and investing additional funds to country envelope funding project. For example, for the CE 2022-2023 funds allocated to UNICEF (US\$ 30.000 per year) for “Strengthening the system of the collection of routine data on PMTCT to validate elimination of MTCT of HIV and syphilis in the Kyrgyz Republic”, UNICEF will raise an additional US\$15,000 per year for this project.

Reporting for CE (and BUF) has taken place in a timely manner. However, there are no standardised reporting procedures and templates provided by UNAIDS. CE and BUF funds are reported in a same way, with each Cosponsor using their own template reporting on the entire programme and indicators (not only activities implemented with CE and/or BUF funds). This makes difficult to separate work done under CE and BUF, especially when those funds top up on the Cosponsor own or other funds allocated for HIV. All interviewed stakeholders agreed that results and achievements under the CE could be better recorded and documented.

There are no standardised mechanisms for monitoring and measuring CE performance. Quality control is done by each Cosponsor agency according to their internal rules and standards. That creates challenges to identify key contributing factors that made CE funded projects more successful and demonstrate a clear and catalytic effect. Also, it seems that among Cosponsors there is lack of clarity on what is meant by the term ‘catalytic’ and therefore no commonly understood definition of ‘catalytic’.

EQ3: To what extent have country stakeholders (govt, civil society, PLHIV, key population groups, and other partners) been engaged in UN joint planning processes and implementation at country level?

There is strong UNAIDS and Joint Team engagement and consultation with key national stakeholders during the planning processes and implementation at the country level. Ki interviews and documentary evidence highlight UNAIDS and Joint Team presence in national HIV and other health platforms and strong engagement and consultation with key national stakeholders. These include e.g., MoH, MoE, MoI, MoJ, Republican and oblast AIDS centers, CSOs, NGOs, KP networks, etc. UNAIDS Secretariat and Joint Team members, together with the Kyrgyz Government continue to promote stronger, deeper engagement with civil society groups and to sustain their support and services for vulnerable groups.

³⁴ All Cosponsors were reviewing and voting for the best proposal to be awarded for BUF.

The Kyrgyz Republic has a unique and vibrant civil society which plays an important role in, advocacy, planning, development and implementation of the HIV response, including CE contribution. There is key informant and documentary evidence of CSOs driving and initiating processes including how CE funds could be used. For example under the CE (allocation to UNFPA) the main implementer NGO Indigo (key population community members - LGBTQ, MSM, PWID, SWs) fully led the development of funding proposal for CE funds. They initiated and led development of guidance for KP activists in crisis situations. This was in response to KP activist's emotional burnout during the COVID.19 pandemic which affected their overall emotional and physical condition, and performance. The Guidelines are one of the examples of community leadership, where the process was led by KP. The Guidelines were distributed among KP.

KI and documentary evidence also highlighted the positive results of the CE funds through which a "positive deviation approach" (PDA). PDA includes training and nourishing of leaders and activists to build knowledge and capacity to participate in decision making processes. HIV positive women in Kyrgyzstan received status and recognition and now participate in various WGs, lead initiatives and are engaged with the planning and implementation of CE.

There are KI and documentary evidence on the UNAIDS Secretariat and Joint Team support in advocacy, technical assistance and capacity building for young key populations. Support to capacity building programmes for young key populations improved their leadership skills thereby strengthening their ability to engage in, and advocate for, national HIV and SRH programming. Empowered young key population now actively participate in planning of activities and implementation under the CE (e.g TEENS.kg and participation in creation of media campaign and series).

EQ4: To what extent have country envelope and BUF funding contributed to addressing gender equality, human rights and community-led responses?

There are multiple interventions which have supported gender equality, human rights, and community-led responses. Advancing gender equality and/or empowering women and girls was self-reported as a principal objective of 13,9% of CE activities (Gender equality marker score 3) and conducted by UN Women (2020-2021), UNODC (2018, 2022-2023), UNESCO (2022-2023) and UNICEF (2018-2019). Further, more than half CE activities (52,3%) were reported to have significant contribution to gender equality and/or empowerment of women and girls (Gender equality marker score 2). Limited contribution (Gender equality marker score 1) was reported in 20,9% activities.³⁵
Source: JPMS

Through the CE and partnerships, the Joint Programme is promoting a better understanding of the drivers of the HIV epidemics; advance gender equality and empowerment of women and girls, supporting women activists in the country; strengthening linkages with HIV and SRH programmes; and providing needed TA to country stakeholders, CSOs, NGOs, community and women's organizations. KI and documentary evidence highlighted that CE funds in Kyrgyzstan were used for introducing innovative approaches in promoting gender issues in HIV, building capacity, and developing leadership among girls, women, and men from representatives of KP groups and PLHIV. More information and results related to CE support to gender equality are presented in the section 4.3.1.

³⁵ Gender Marker 0: No contribution to gender equality and/or empowerment of women and girls; Gender Marker 1: Limited contribution to gender equality and/or empowerment of women and girls; Gender marker 2: Significant contribution to gender equality and/or empowerment of women and girls; Gender marker 3: The principal objective is to advance gender equality and/or empowerment of women and girls

Regarding the Human Rights marker³⁶, introduced in biennium 2022-2023, the principal contribution to the realization of human rights is self-reported in 15,4% of CE activities (classified as Human Rights Marker score: 3) and is implemented by UNESCO and UNODC source: JPMS data. A significant contribution to realization of human rights (classified as Human Rights Marker score 2) is reported in 46,2% of activities, while limited contribution (Human Rights Marker score 1) is reported in 38,5% of CE activities (biennium 2022-2023) source: JPMS data. Activities are focused on strengthening capacity of people living with HIV networks and media to address issues related to human rights, stigma and discrimination through the development and implementation of integrated media campaigns, as well as on mobilization of strategic partnerships to support services free of stigma and discrimination. More information and results related to CE support to human rights are presented in the section 4.3.2. Source: JPMS

Civil Society/community is consulted and fully engaged in development of CE activities. In respect of the Civil Society Marker, 32,5% of CE activities are conceived and designed by civil society/community, and civil society/community is responsible for implementing the activity (classified as Civil Society Marker score 3). Civil society/community is consulted and is responsible for implementation of 33,7% of CE activities (classified as Civil Society Marker score 2). 20,9% of CE activities consult with civil society/community but do not implement activities (Civil Society Marker score 1). More information and results related to CE support to community-led responses are presented in the section 4.3.3. Source: JPMS

Based on a review of available documents, the financing of activities/interventions from CE funds, that have supported gender equality, human rights and community-led responses, amounted to \$203,420 in total, with a growth tendency over the years.

EQ5: To what extent have country envelope and BUF funds supported the adaptation of HIV programming during the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted on the implementation of country envelope activities?

The COVID-19 pandemic has seriously impacted social and economic status and life of many people in Kyrgyzstan including people living with HIV who are recognised as individuals with particular risk from COVID-19³⁷. There was approximately 20% decrease in HIV testing and detection and HIV cascade in 2020. The COVID-19 pandemic caused loss of jobs and income due to lockdowns, reductions in remittances from migrant workers (and return of Kyrgyz labour migrants to country), food price inflation, and reduced access to quality health care and other essential social services with a significant burden on the health care system in Kyrgyz Republic, both on inpatient and outpatient health care. Domestic and other forms of violence increased during the COVID-19.

UN agencies showed great flexibility in adapting their work plans to new emerging challenges (COVID-19) and reprogramming of CE funds. KI interviews and documentary sources provide evidence that HIV services continued to be provided during the COVID-19 pandemic due to prompt and comprehensive response of UN agencies and other donors. Part of UNAIDS CE funds were re-programmed to address the needs during lockdowns to meet security measures in services related to HIV (support provision of protective equipment), and to introduce innovative approaches and mechanisms in delivering HIV services.

For example, upon receiving requests from the national partner (Narcology Center) to support procurement of the protective equipment PPE and other items for methadone substitute therapy for

³⁶ Human Rights marker 1: Limited contribution to realization of human rights; Human Rights marker 2: Significant contribution to realization of human rights; Human Rights marker 3: Principal contribution is the realization of human rights
³⁷ Ministry of Health of the Kyrgyz Republic, update of clinical protocol, 2020

clients and health professionals and keep services uninterrupted and safe, UNODC has applied for re-programming of the amount of US\$ 10,165 out of US\$ 62,000 for responding to the needs. The CE/BUF Reprogramming request of the Kyrgyzstan Joint Team (UNODC) was validated by the Joint Team of the Regional Cosponsors and received UNCT “no-objection” as per the UBRAF Guidance in a very short time which enabled protection of clients and health professionals and services to continue without interruption during the COVID-19.

During project events, with UN Women support, NGO partners addressed safety, personal hygiene, and the use of protective equipment to prevent transmission of the COVID-19 when working with communities. “Positive champions” talked about the importance of getting vaccinated against COVID-19 and conducted peer consultations.

Limited population mobility and constrained access to essential healthcare services during the COVID-19 pandemic demanded alternative solutions and innovative approaches to be applied in delivering HIV services. For example the introduction of smartphone-based consultations (WhatsApp) replaced in-person HIV testing and counselling (HTC). Specifically, Osh AIDS centre (supported by UNICEF under the CE) offered pre-testing counselling through this platform for pregnant women, before HIV self-testing. HIV self-tests were procured and provided to the National Aids Center. Relevant algorithms and decrees of the MoH were issued to enable the conditions for that.

With the CE allocation to UNFPA, Guidelines on psycho-social support was developed to address KP activist’s emotional burnout (see EQ3). Development of the Guidelines was initiated and led by key population community members - LGBTQ, MSM, PWID, SWs with involvement of psychologists.

Jointly, UN and Government, supported expansion of the role of peer consultants during the COVID-19 pandemic. From the beginning of the pandemic, peer consultants were in contact with people living with HIV, delivering medicine to people’s homes so treatment could be continued during the lockdown, distributing food packages and providing psychological support.

In response to a Ministry of Education request, UNESCO produced video lessons supporting uninterrupted HIV/health education during COVID-19. The first 16 out of 50 lessons are available at the national educational portal and have over 2,000 views. The video lessons are targeted at learners in grades 6-11. It is the intention they will get accurate, rights-based, gender-responsive, HIV and sexual and reproductive health education, including key facts about COVID-19 prevention.

The UN team worked jointly to address challenges during the COVID-19 pandemic. The UNAIDS Secretariat coordinated the Joint Team support to health facilities. The UNAIDS Secretariat procured protective materials (suits, gloves, masks, etc), UNICEF procured essential drugs, and UNFPA and UNDP procured PPE, oxygen containers. WHO provided training on various protocols for country clinics to work with their clients. The UNAIDS Secretariat initiated and supported emergency planning of CSOs to adapt their work plans to focus on vulnerable groups, provide social support, deliver food packages, including powder milk for babies for poor families and families who lost their business due to the COVID-19 pandemic and lockdown. According to key informants the Joint Programme was also instrumental in supporting technical guidance (WHO, UNFPA, UNAIDS Secretariat) and government to ensure that minimum services for HIV treatment, prevention and SRH are not interrupted during the COVID-19 pandemic.

Country proposal to the Global Fund under the COVID-19 Response Mechanism (CRM19) related funding was developed with the support of UNAIDS and other stakeholders, and successfully approved with the budget US\$ 6,6 million. Access to antiretroviral therapy is being ensured in the country by the provision of multi-month dispensing of medicines. During the COVID-19 pandemic,

the Republican AIDS centre in Kyrgyzstan is providing three-month supplies of antiretroviral therapy to all people living with HIV who are on treatment.

4.3 Evaluation findings related to results and sustainability (evaluation questions 6-10).

Results and sustainability

Strong commitment, leadership and engagement of the UCO staff in Kyrgyzstan, good collaboration and coordination among Cosponsors and national stakeholders, supportive environment in the country for change to take place, and encouragement for innovative approaches in planning and implementation were the main factors helping the achievement of JP outcomes and results in Kyrgyzstan. Although the majority of CE funds are used for the implementation of small-scale projects (activities implemented through national NGOs) to fill gaps, expand existing projects, and/or apply good practices, there are examples of strategic/catalytic use of CE funds. CE funds contributed to the introduction of new and innovative approaches (e.g., in HIV/SRHH awareness raising among young people and KP; in using artificial intelligence/ virtual assistant - educational chatbot "Oilo, etc.). CE funds led to some Cosponsors raising and investing additional funds and/or keep engaging on HIV. The lack of staff with time to devote to HIV has been the main reason for the non-participation of some UN agencies in the CE share (e.g., WHO).

EQ 6: To what extent have the country envelope and BUF funds achieved (country envelope) results?

EQ 7: What results have been generated through country envelopes and how are country envelopes contributing to the achievement of UBRAF outputs (and possibly, higher-level results)?

There is evidence that the UNAIDS Secretariat and UN system agencies contributed to strengthening the implementation and monitoring of national strategies, policies and plans with the emphasis on the alignment with the Sustainable Development Goals (SDGs 3,4,5&10) and targets. The UNAIDS Secretariat's leading role and staff strong commitment, leadership and engagement in promoting the HIV response is clear from conversations with KIs and in the supporting documentation. KIs spoke of how UNAIDS ensured synergy among UN agencies in joint work planning, technical assistance, implementation and monitoring.

The following section reports on CE contribution to the achievement of UBRAF outputs (following ToC) and main results achieved by the various Cosponsors, as mentioned during the interviews and in the shared reports. Some of the KIs interviews for this evaluation took place at the service provider level. In particular the evaluation included site visits to: Ishenim Nuru, a shelter for PLHIV in Bishkek (supported by UNDP); the Plus Center in Osh, a rehabilitation centre working with drug addiction and former prisoners supported by UNDP and UNODC; the Ganesha Public Foundation, a women shelter in Osh supported by UN Women; Novyi Ritm, a youth organization in Osh supported by UN Women; the Kyrgyz Indigo, an NGO in Bishkek serving young MSM supported by UNFPA, and the Osh AIDS Center supported by UNICEF. Although there was no time for an evaluation of specific projects, having KI interviews at the project sites allowed some proof of the existence of functioning projects behind what is reported by agencies officially, as well as confirmation by beneficiaries of the scope and relevance of the projects.

4.3.1 Outcome 1 (TOC): Contribution to prevention, treatment, paediatric AIDS and vertical transmission (SRA 1,2,3,4)

KIs and documentary evidence highlight the contribution of CE (led by UNAIDS Secretariat) in advocating and strengthening partnerships among governmental agencies (e.g., MoH, MoE, MoJ, Mol), providing support to NGOs and community organizations to coordinate their work within HIV prevention programmes and community development, and in facilitating partnerships across sectors. With CE support innovative approaches are applied in delivering HIV services, as well as in promoting HIV testing and raising awareness about HIV prevention and treatment. Significant contribution was provided to strengthening linkages with HIV and SRH programmes.

Below are some examples of the CE contribution, under the leadership of the UNAIDS Secretariat to the Joint Programme outcome 1 TOC (SRA 1,2,3 and 4).

- As a result of CE funds contribution and support to strengthening partnerships among governmental agencies, a joint decree on overcoming legal barriers to HIV and TB services for key populations was developed by the MoH, MoJ, Mol to maximize impact of comprehensive service delivery at all levels for people living with HIV and TB, based on human rights and gender equality. Activities will be entirely funded by the state (from the republican budget - funds provided for the three ministries).
- KIs interviews and documentary sources highlighted innovative approaches applied in delivering HIV services, such as, introduction of smartphone-based consultations (WhatsApp) to replace in-person HIV testing and counselling (HTC). Specifically, The Osh AIDS centre (supported by UNICEF under the CE) offered pre-testing counselling through this platform for pregnant women, before HIV self-testing. HIV self-tests were procured and provided to the National Aids Center. Relevant algorithms and decrees of the MoH were issued to enable the conditions for that.
- Joint UN Team on AIDS contributed to strengthening the skills and knowledge of healthcare providers on provision of integrated SRH and HIV services to key populations, including their young representatives and people living with HIV. Support was also provided for the development of the training programme of Kyrgyz State Medical Institute on continuous Education on provision of integrated SRH and HIV services to key populations. Further, UNFPA worked on promotion of ARV treatment and SRH of key populations and PLHIV and improving knowledge and skills of 500 key populations and PLHIV on adherence to ARV treatment and SRH (educational sessions for KPs and PLHIV by the community members themselves, sharing information on the need to self-care on sexual and reproductive health). Support was also provided to increase the uptake of PrEP among MSM. This included upskilling outreach workers, peer-navigators, HIV counsellors on PrEP to provide better counselling to key populations to improve PrEP uptake by MSM and promoting condom use.
- UNESCO supported the promotion of HIV testing and raising awareness of over 200,000 adolescents and young people about HIV prevention/ testing/treatment, sexual and reproductive health, gender, relationships, and staying safe through TEENS.KG website and its communities in Instagram and Facebook. By showcasing a story of young person living with HIV, this campaign also aimed to normalize public attitude towards HIV. Namely normalizing HIV testing and treatment to encourage those who may be at risk of contracting HIV, to learn their status as soon as possible and initiate treatment if necessary. Premiered in November 2020, the series scored more than 2.6 million views (by end-July 2022) at the leading national online movie theatre Ethnomedia. Other channels included the NTS national television channel and the UNESCO-supported Instagram public TEENS.KG (see Annex 1 - deeper dive).

- KIs interviews and documentary sources highlighted innovative approaches applied for HIV/SRH awareness raising among young people, including key populations. In the first quarter of 2022, the educational chatbot “Oilo” (from Kyrgyz “knowing”) was introduced to the public in Kyrgyzstan. Oilo bot is a virtual assistant, created by using machine learning technology, designed as a safe and fun interlocutor for teenagers and young people. It can answer questions from six key topics: health, psychology, safe relationships, sexuality, family, and physiology. A group of experts, comprised of doctors, psychologists, and lawyers from Kyrgyzstan, verified the chatbot knowledge base: to ensure the relevance and reliability of the answers (see Annex 1 - deeper dive).
- All KIs highlighted the close partnership of the UN team in implementing Global Fund grants “Effective TB and HIV control project in Kyrgyzstan (UNDP is a PR for the Global Fund grant) with UBRAF CE Funds complementing the Global Fund grant, allocated to activities related to screening for cervical cancer in HIV women.
- For the CE 2022-2023 round, funds are allocated to UNICEF for “Strengthening the system of the collection of routine data on PMTCT to validate elimination of MTCT of HIV and syphilis in the Kyrgyz Republic.

4.3.2 Outcome 2 (TOC): Contribution to community-led responses, human rights, gender equality and young people (SRA 3,5,6)

The Joint Programme is making significant contributions to promote and advance gender equality, human rights and community-led responses through empowering of women and girls, supporting women activists in the country, building capacity of CSOs, NGOs, community and women’s organizations. UNAIDS Secretariat has been instrumental in advocating for, supporting and empowering HIV positive women, and women in general in the Kyrgyz Republic. There is considerable evidence from KI interviews and documentary sources that UBRAF (CE funds) were used for introducing strategic (Gender Equality Strategy, policies) and innovative approaches to promote gender issues in HIV, building capacity, and to develop leadership among girls, women, and men from representatives of KP groups and PLHIV. Some examples of the CE contribution to Joint Programme outcome 2 TOC (SRA 3, 5 and 6) are listed below:

- Documentary evidence highlight the UNAIDS Secretariat’s role in facilitating the review of the Gender Equality Strategy (2012-2020). UNAIDS Secretariat provided a consultant to design and undertake the review in collaboration with UN Women and developed the new Gender Equality Strategy (2021-2030) and its National Action Plan 2021-2023. There is considerable evidence from KI interviews and documentary sources that UNAIDS and CSOs also advocated and supported the government to establish a National Council for Gender Development under the Government of the Kyrgyz Republic, which ensures the development of recommendations on gender policy, effective models of real gender equality, and common control in the field of gender policy.
- Under the CE and UNAIDS Secretariat leadership, the UN Women is promoting the Positive Deviance approach (PDA), an innovative approach to help build capacity and leadership skills of socially vulnerable women’s groups (women and girls living with HIV, women migrants, victims of violence, LGBTQ). The PDA provides technical and financial assistance to empower women with knowledge and skills and make them active and able to lead various initiatives. Using PDA, support was provided for training and nourishing leaders and activists to build their knowledge and capacity to participate in decision making processes. HIV positive women in Kyrgyzstan received status and recognition and now participate in various WGs, lead initiatives and their work goes beyond HIV. For example, the Head of the Women’s Network chairs the Public

Observation Council which monitors the work of MoH, and the role supports strategy and policy development for health system building blocks such as procurement and human resources.

- UNODC was building capacity of women living with HIV in northern and southern parts of Kyrgyzstan to overcome barriers that hamper achieving the goals to protect and promote their rights and interests. They trained women activists living with HIV to lead in matters of positive health, dignity and prevention. UNODC will continue to provide support under CE and under the current biennium. It will support gender-based health and social services for imprisoned KPs, ensure access to social and health services for women who use drugs, who are released from imprisonment and help them to restore documents, provide them with shelter and support them to get employment, psychological counselling services, etc.
- UNESCO provided support for strengthening capacity of people living with HIV networks and media to address issues related to human rights, stigma and discrimination through the development and implementation of integrated media campaigns. UNESCO worked with UNAIDS, young people (through TEENS.KG) and media partner (Media Kitchen) to develop and promote a media campaign addressing stigma and discrimination against people living with HIV and empower those living with HIV, especially adolescents to live their life to the fullest (see Annex 1 - deeper dive).
- There is considerable evidence from KI interviews and documentary sources on the UNAIDS Secretariat and UNDP contribution to the Global Fund's initiative on scaling up human rights programmes. As part of the Breaking Down Barriers Initiative, the Global Fund conducted a baseline assessment of the national situation of human rights-related barriers to HIV and TB services and found notable gender-related barriers. The assessment discusses illegal police practices of harassment and violence, population stigma and discrimination, and reports of fear of gender-based violence among SW, gay and bisexual men, and PWID. UNAIDS Secretariat and UNDP provided policy and programme support to develop funding requests to the Global Fund, with a focus on defining and costing interventions to address human rights and gender-related barriers to secure additional resources. The Kyrgyz Republic received approximately US\$ 1 million in matching funds to address these human-rights related barriers.

4.3.3 Outcome 3 (TOC): Funded Response, Integration and Social Protection and Humanitarian Settings and Pandemics (SRA 7,8)

KI interviews and documentary evidence pointed to the UNAIDS added value in policy level advisory and advocacy, provision of accurate information and updates on the HIV data and analysis through Spectrum estimates, to support evidence-based decision making and strategic information and planning. CE funds supported integration and social protection, as well as capacity development at national and local levels. Child-friendly spaces and psychosocial support, PLHIV Centers, shelters for women, etc., have been provided with the support of the CE. There is also a considerable KIs and documentary evidence highlighting CE flexibility that enables prompt response to emergency situations, including pandemics, with possibility of reprogramming funds to respond to challenges and needs (e.g. COVID-19).

CE funds led to some Cosponsors raising and investing additional funds to country envelope funding project. See below EQ 8.

Some examples of the CE contribution to Joint Programme outcome 3 (SRA 7 and 8) are listed below:

- With UNAIDS Secretariat advocacy and technical support, the State Social Order with Service Standards was produced and approved (2019) for working with key groups and people living with HIV. A series of trainings were organised for specialists from NGOs on provision of services in accordance with approved service standards. 15 NGOs were contracted and provided services for people who inject drugs, sex workers, men who have sex with men, and people living with HIV, including at four centres for people living with HIV and key populations.
- There is considerable evidence from KI interviews and documentary sources on the CE contribution and support to the two PLHIV Centers in the south and north of the Kyrgyz Republic (Bishkek and Osh cities). Services include asylum, temporary residence, food, domestic services, equal counselling and psychosocial support, legal aid and peer-to-peer support) to PLHIV in difficult life situations. The centres support former prisoners, people initiating ART, internal migrants, women and children who have experienced domestic violence, PLHIV without documents, and others. A comprehensive package of services were provided, including psychosocial support for PLHIV in order to develop and support adherence to ART, assistance with regular examinations and monitoring the health status of clients, and assistance in obtaining state guaranteed social services.
- With the funds from the CE UNAIDS Joint Team contributed to the establishment of three shelters for women (LUN in Bishkek NGO "Asteria" and Osh city in NGO "Podruga" for sex workers, and "Himaya" in Karakol city) to ensure that social support to women is provided along with access to medical, social and other services. Accommodation and meals are also provided as well as services for prevention of gender-based violence.
- By providing child-friendly spaces and psychosocial support in addition to medical treatment, the Osh AIDS centre makes parents feel welcome and encourages them to visit, pick up prescribed medication and get tested regularly. The centre, upgraded by the MoH together with UNICEF and UNAIDS and also support from the Government of the Russian Federation, now treats more than 200 children and a psychologist provides psychosocial support to the children living with HIV.
- Established and empowered, with contribution of the CE funds, the Network of Women Living with HIV in Kyrgyzstan is working to improve the quality of life for HIV positive women and children (and all affected by HIV) by improving their access to medical and social services and legal support. Recently the Network was successful in the supreme court advocating for changes to be made in the National resolution 773, 27 from Oct 2015, and remove HIV positive women from the list of diseases that ban child adoption and guardianship (the argumentation paper was prepared by the Network. The process was entirely led by HIV positive women from the Network. The UNAIDS Secretariat support to the Network and strengthening of the capacity of HIV positive women in advocacy and strategic planning, resulted in HIV positive women being empowered to take active and even leading role that goes even beyond HIV response (e.g head of the Network of the HIV positive women is a member of the Public Observatory Council under the MoH).
- The UNAIDS Secretariat initiated and supported emergency planning of CSOs to adapt their work plans to focus on vulnerable groups, provide social support, deliver food packages, including powder milk for babies for poor families and families who lost their business due to the COVID-19 pandemic and lockdown. The UNAIDS Secretariat is also supporting the use of virtual platforms (mobile and zoom platforms) for continuation of communication between key and most vulnerable population with health workers and multidisciplinary teams during the pandemic.

EQ 8: To what extent have country envelopes enhanced and changed the capacity of Joint Teams and supported the mobilisation of resources (human, financial, technical) at country level?

Evidence from KIs and documentary sources indicate that CE processes strengthened the transparency and collaboration among Cosponsors in joint planning and implementation. As stated by one of KIs “CE is about jointness, planning, and bringing UN agencies together in their approach”. One of the examples was a joint work of the UN team to address challenges during the COVID-19 pandemic - see section 4.2 of this report.

There is a considerable evidence of CE funds being catalytic, leading to some Cosponsors raising and investing additional funds to CE funding projects and activities and/or helping them to keep their focus and investments on HIV. There are several examples where the CE has encouraged the mobilisation of additional funds from the Cosponsors. For UNICEF, the CE increased its commitment to HIV/AIDS and will mobilise additional funds in the amount of US\$ 15.000 per year (on the top of CE funds of US\$ 30.000 per year allocated to UNICEF under the CE 2022-2023) for strengthening the system of the collection of routine data on PMTCT to validate elimination of MTCT of HIV and syphilis in the Kyrgyz Republic. Another example is UNESCO which mobilised their funds and together with CE co-funded project/activities to support HIV+ adolescents, reduce stigma and self-stigma, raise awareness about HIV, empower girls living with HIV.

CE are leveraging partner support, through catalytic activities for the national response, and producing results. The example below demonstrates the catalytic nature of the interventions and their ability to leverage broader partners supports/resources and results:

- Work done by UNESCO to remodel/reshape public attitude to HIV, namely to HIV testing and treatment to encourage those who may be at risk of contracting HIV, to learn their status and initiate treatment if necessary. By showcasing a story of young person living with HIV (“School Election” series), the campaign had multiplier effect with additional funding leveraged from other sources and additional activities implemented. The series approach has triggered a wider effect - a completely new for Kyrgyzstan approach to talk to adolescents and young adults about HIV, where the focus is on a human story, school life challenges and where HIV appears as a ‘secondary’ theme, so that viewers receive HIV-related messages subtly integrated in a larger story and thus more impactful. Further, the Kyrgyz Ministry of Education called on UNESCO, building on its comparative advantage as an agency, to step up its engagement in the adolescent arena request, and produce a set of video lessons to support continuous HIV/health education (digitalization of education). Fragments of some of episodes from “School Election” series were used in a video lesson on violence and bullying prevention (including cyber bullying).
- UNFPA supported provision of integrated SRH and HIV services to key population and PLHIV and development of manual (“Manual on supporting SRH of key populations and PLHIV”) that became part of regular curricula to target health workers, peers and people who work in prevention. All materials are developed in Kyrgyz and Russian. Although originally planned for the key population and multidisciplinary teams’ manual is now (per health workers request) available to all healthcare providers to be used as a supplementary document to manage the clients from the key populations and PLHIV (as found simple, well written with easily understandable language)³⁸. The use of the manual by health workers proved to be successful in building trust among health workers and people. Further, a special Manual on provision of the integrated SRH and HIV services to key populations and PLHIV was developed for the Kyrgyz State Medical Institute on postgraduate education to be used by the Institute in respective capacity building of the healthcare workers.

Please note that this list is not exhaustive but is only intended to provide examples.

³⁸ http://med.kg/images/MyFiles/KP/infeksiya/2017/UNAIDS_Positiv_life_ru_termo_FINAL.pdf

EQ 9: what are the main factors helping or hindering the achievement of results?

The following factors helped the achievement of results:

- **Strong commitment, leadership and engagement of the UCO staff in Kyrgyzstan.** KIs and documentary evidence point to the UNAIDS Secretariat in the Kyrgyz Republic as well-respected and recognized by Cosponsors, other donors, governmental organizations and CSOs/NGOs as the leading agency in promoting the HIV response. The Secretariat provides policy level advisory and advocacy, strategic information, analysis of data for evidence-based decision making, and capacity development at national and local levels (both within and beyond government institutions). It is recognised for its leading and coordination role in bringing together the efforts and resources for Joint Team programme planning and implementation.
- **Good collaboration and coordination among Cosponsors and national stakeholders** through the CE processes resulted in better prioritization and complementarity of Cosponsor support. There is KIs and documentary evidence on joint work and engagement among Cosponsors and with the national stakeholders in gap analysis, prioritization, programme planning and implementation. CE funds have been used for addressing country strategic priorities and jointly identified gaps and needs in national responses.
- **Supportive environment for change to take place.** For successful implementation and achieving results within national HIV response, including interventions funded from the CE, all key actors in the country (stakeholders, health professionals and public) have to understand and accept changes, and support the process. Otherwise, reluctance to apply new approaches, standards, practices, methods and models can prevent successful implementation and achievement of results. Joint planning process, collaboration and discussions/dialogue, initiated and facilitated by the UCO within the CE processes, have created supportive environment for changes, and built the consensus between Cosponsors and other key actors on gaps to be addressed, as well as priorities and directions to support the national HIV response.
- **Encouragement for innovative approaches in planning and implementation** under the CE with some activities that have been catalytic (improved, accelerated, innovative, resulting in resource mobilization, etc.) is highlighted by several KIs interviewed as one of the important enabling factors for successful implementation and result achieved to date under the CE in Kyrgyzstan (see EQ8). Despite the relatively small amount of the CE in Kyrgyzstan, these funds are valued by Cosponsors (KIs) since, in some cases, they represent the only source of HIV funding and because of the flexibility they offer (i.e. in terms of being able to invest in what is considered a priority by the Joint Team).

The following was found as a challenge in achieving results:

- **Limited Human Resource capacity of UN Joint Team on AIDS in Kyrgyzstan.** The overall decrease of HIV funding that effected all UN agencies in the last few years led to a decrease in the number of staff in Cosponsor country offices including the UNAIDS Secretariat. Some Cosponsors abolished the position of HIV focal point/coordinator in the country office (e.g UNICEF) or staff left their positions (e.g. WHO). According to the KIs interviews, the lack of staff with time to devote to HIV has been the main reason for the non-participation of some UN agencies in the CE share. Key informants highlighted example of WHO showing that there was in the past (5 years ago) a local consultant / HIV coordinator working jointly with the UNAIDS Secretariat and other co-sponsors on HIV response. With the HIV coordinator leaving the WHO country office the focus on HIV is reduced and WHO is not part of the CE share³⁹. According to KIs, WHO is considering, in

³⁹There is a position of WHO focal point for communicable diseases who is overburdened with other areas and is not able to sufficiently cover HIV response.

the near future, a new position with focus of viral hep B, HIV, TB (as a response to country plans for integration of the viral hep B into the national HIV programme 2022-2026). UNODC is another example where lack of staff with dedicated time for HIV – now in place – meant that for some time the agency could not commit to HIV programmes, despite the priority of UNODC mandate in a country like Kyrgyzstan.

- **Missed opportunities to address sustainability in the design of the CE funded projects** results in vulnerability of most of the immediate implementers (NGOs), which remain strongly dependent from donors. Sustainability (financial and programmatic) was considered by some projects, but there is no systematic way in addressing sustainability. While some projects explicitly address sustainability in the design of the project, like the Plus Centre/shelter in Osh (implementer under UNDP and UNODC) by creating sources of income to make it financially viable and less dependent from donors, others, like INDIGO (implementer under UNFPA portion of the CE) remain strongly dependent at the level of needing to release staff in the CE funding breaks.

EQ 10: What other models exist as potential alternatives for incentivising UN joint planning and funding at country level?

Overall, KIs interviews indicated that Cosponsors are satisfied with the current CE model and found the model simple and straight forward. The main concern is related to the time needed for receiving funds as the procedure involves Cosponsor HQ or regional office which makes the process lengthy and contribute to the late receipt of funds (March instead of January, as stated in the UNAIDS guideline). The preferred model, for some of the interviewed Cosponsors, would be making funds available directly to the UNAIDS country office for distribution to Cosponsors country offices, or having funds made available directly to the country Cosponsor office. However, these options would need to be explored further for operational feasibility.

Moving to 2 years planning model in the current biennium (2022-2023) was very welcomed by Cosponsors as it enables Cosponsors to shift their activities that are not completed during the first year (as a result of funds receipt only in March) to the second year.

5 THEORY OF CHANGE

The Joint Programme (aligned with national priorities) has been successful in achieving the desired outcomes (as explicated in the TOC), with UNAIDS Secretariat effective coordination in bringing together the efforts and resources for Joint Team programme planning and implementation. The Theory of Change outputs were overall well addressed.

Table 6: Theory of Change (ToC): Country envelop (CE) in Kyrgyzstan

RELEVANCE AND COHERENCE (DESIGN)		
Inputs		
Joint Team staff at country level	YES	UNAIDS Secretariat staff and six co-sponsors (UNAIDS -2 staff members; UNFPA -1, UNICEF -3, UNODC -2, UNESCO -4, UNDP - 4, UN Women - 3). Limited funds for staff. Strong, dedicated and motivated staff ensure implementation.
Resources: CE and BUF funding (\$)	YES	2018-2019 (US\$ 300.000); 2020-2021 (US\$ 462.000); 2021-2022 (US\$ 450.000)
Guidance (Joint UN Planning guidance 2017., CE mechanism guidance and templates, Guidance on use of BUF funding, Guidance on use of CE funds for Covid-19 response.	YES	Timely shared by UNAIDS Secretariat with co-sponsors; workshops organised for clarifications.
CE mechanisms and processes (EQ1, EQ2, EQ3, EQ9)		
1. Allocation formula for Kyrgyzstan is updated annually as new/relevant data emerges	PARTLY	The case study takes the perspective of a country – for which CE amounts are set (no possibility to influence the overall amount). However, there is a flexibility in country allocation among Cosponsors and CE funds can be updated in specific situation (e.g. COVID-19 pandemic).
2 Country envelope guidance, including for COVID-19 clarifies the intentions of CE funding and is available in time for start of the annual planning processes in country	YES	Clear guidance from UNAIDS secretariat in Kyrgyzstan on processes related to CE (allocation, disbursement). All co-sponsors receive guidance and instructions on priority areas. Agreement reached among co-sponsors that everyone will receive some portion of funds from CE (to be used as a seed funding). CE flexibility for adapting activities and reprogramming funds to address COVID-19 and to respond to changes/needs.
3. Joint Team processes and plans are inclusive of key stakeholders, based on country needs, and align to UBRAF Results Areas	YES	Both KI interviews and documentary evidence point on UNAIDS and Joint Team strong engagement and consultation with the MoH and other key stakeholders during the Joint Team planning processes and implementation to support HIV national response and address country needs and gaps. Processes and plans are also aligned with UBRAF Result Areas.
4. Allocation of CE funds to Cosponsors, and submission of proposals for CE funding is timely and aligned to guidance	YES	CE funding is allocated to Cosponsors in transparent manner, based on clear and understandable criteria. Information on allocation of CE funds shared timely on Joint Team meetings and by email. Guidance and instructions shared with co-sponsors in October together with call for applications. Short time for preparing proposal is reported by co-sponsors with deadline end of November. Lack of strong competitiveness (i.e. CE funds shared among all Cosponsors in Kyrgyzstan) does not affect innovative and/or catalytic nature of interventions under the CE in Kyrgyzstan.
5. QA, approval and CE funding disbursement processes are timely and aligned to guidance	PARTLY	Late disbursement of CE funds (in March) affects implementation of some projects by shortening implementation period to 9 months. The delay in receiving funds consequently cause delays in money disbursement to immediate implementers and, for some NGOs, disruption in receiving resources (including for staff salaries) with some staff leaving their positions. UNAIDS guidance and planning process need to be revised / adapted to reflect the actual disbursement timeline in countries (current UNAIDS guidance state that disbursement takes place in January and projects are planned in accordance with that timeline). No particular reference to regional QA by country respondents.
6. Reporting on implementation of CE funding and deliverables takes place in a timely manner and results of funding are tracked and documented.	YES/ PARTLY	Reporting on implementation of CE funding and deliverables takes place in a timely manner. However, there is no standard template to be used for reporting. Each co-sponsor is using their template and often report on the entire programme and indicators (not only activities implemented with CE funds) which makes difficult to separate work done under CE.

7 - Joint Teams capacity assessments are conducted, and findings addressed	--	Beyond the listing of existing capacity – and the finding that lack of staff time dedicated to HIV does limit the capacity of a Cosponsor to fulfil its HIV mandate, the evaluations did not cover capacity assessment specifically (so not possible to draw conclusions on how findings of a capacity assessment are addressed at the country level)
EFFICIENCY AND EFFECTIVENESS (IMPLEMENTATION)		
Expected outputs from CE allocation mechanisms and processes (EQ1 EQ2, EQ3, EQ4 , EQ5, EQ6, EQ8, EQ9):		
1. UBRAF core funds allocated and disbursed through the CE mechanism to Cosponsors are prioritised and used strategically based on country needs.	YES	The Joint Plan areas of support reflects HIV epidemiological situation in the country and are relevant to country priorities and to the needs of their constituencies. The Joint Plan and envelope proposal are well in line with SDGs, UBRAF Strategic Areas and country needs - as identified during the country planning processes - and in line with the national HIV programme in Kyrgyzstan.
2. CE funding mechanisms strengthen Joint Team internal and external collaboration, strategic planning processes, and coherence of UN support around country priorities –	YES	The joint planning process in Kyrgyzstan is strengthening Joint Team internal and external collaboration. Having little competitiveness (all Cosponsors have access to some funding) results in jointness and closer planning and collaboration among Cosponsors. There is a strong collaboration and engagement with key national stakeholders (e.g., MoH, MoE, MoI, MoJ, CSOs, NGOs, KP networks, etc.) during the planning processes to support HIV national response and address country needs and gaps.
3. QA processes reinforce transparency and Joint Programme accountability at country and regional levels –	PARTLY	There is not enough information and evidence on how global and regional QA processes for CE influencing the allocation of funds in Kyrgyzstan. There is a consensus of Joint Team/all Cosponsors at the country level, followed by approval of the RST and regional co-sponsors, with no-objection from UNCT.
4. Joint Programmes are able to mobilize additional resources through the catalytic and innovative effect of CE funding.	YES	Both, CE and BUF, are seen as catalytic helping Cosponsors to keep and/or gain back focus on HIV and advocate in their agencies to continue and /or increase allocations for supporting HIV response in Kyrgyzstan.
5. CE funding supports activities that address Gender Equity, Human Rights, community responses	YES	There have been multiple interventions funded through the CE to support gender equality, human rights and community-led responses. See EQ4.
6. CE funds are used to strengthen national responses to COVID-19 in the context of HIV	YES	UN agencies showed great flexibility in adapting their work plans to new emerging challenges (COVID-19) and reprogramming of CE funds. UN team worked jointly to address challenges during the COVID-19 and strengthen national response. See EQ5.
7. CE funds and joint planning processes support strengthened Joint Teams’ capacity (technical & managerial), including effective stakeholder engagement	YES	The regular biennial funding (CE model) has increased the motivation of the Cosponsors to engage more collaboratively in the joint planning and implementation processes.
SUSTAINABILITY (RESULTS)		
UBRAF Outcomes through Results Areas 2022-2026 (EQ7, EQ8, EQ9, EQ10)		
Joint programme outcome 1 and results	YES	KIs and documentary evidence highlight the contribution of CE in advocating, facilitating, and strengthening partnerships among governmental agencies (e.g., MoH, MoE, MoJ, MoI), and providing support to NGOs and the civil sector to coordinate work within HIV prevention programmes and community development. With CE support innovative approaches are applied in delivering HIV services, as well as in promoting HIV testing and raising awareness about HIV prevention and treatment. CE funds were catalytic leading to some Cosponsors raising and investing additional funds to CE funding project and activities related to achievement of JP outcome 1. Significant contribution was provided to strengthening linkages with HIV and SRH programmes. See section 4.3.1. Some projects explicitly address sustainability in the design of the project, like the Plus Centre/shelter in Osh by creating sources of income to make it
1. Prevention: capacity strengthened to scale up combinational prevention services		
2. Treatment: capacity strengthened to scale up treatment and care services		
3. Paediatric AIDS, vertical transmission: capacity strengthened to ensure access to services to eliminate vertical transmission (Strategic Results Areas 1, 2, 3,4)		

		financially viable and less dependent from donors. Others, like INDIGO (from UNFPA) remain strongly dependent at the level of needing to release staff in the CE funding breaks.
Joint programme outcome 2 and results <ol style="list-style-type: none"> 4. Community led responses: community empowered to address needs of marginalised and key populations 5. Human rights: political commitment built to improve legal/policy environment, removal of stigma and discrimination 6. Gender equity: capacity strengthened to promote gender equality and end GBV 7. Young people: capacities to implement multisectoral responses for young people (health, education, HR, protection) <ul style="list-style-type: none"> • <i>(Strategic Results Areas 3, 5,6)</i> 	YES	<p>KI interview and documentary evidence are suggesting that the Joint Programme with its multiple interventions is making significant contribution in promoting and advancing gender equality, human rights and community-led responses through empowering of women and girls, supporting women activists in the country, building capacity of CSOs, NGOs, community and women's organizations. UBRAF (CE funds) were used for introducing strategic (Gender Equality Strategy, policies) and innovative approaches in promoting gender issues in HIV, building capacity and developing leadership among girls, women, and men from representatives of KP groups and PLHIV. CE funds were catalytic leading to some Cosponsors raising and investing additional funds to CE funding project and activities related to achievement of JP outcome 2. See section 4.3.2.</p>
Joint programme outcome 3 and results <ol style="list-style-type: none"> 8. Funded response: capacities built to develop and implement sustainable responses 9. Integration and social protection: increased access to integrated health services and social protection mechanisms 10. Humanitarian settings and pandemics: fully prepared HIV response that protects PLWH from impact of pandemics. <ul style="list-style-type: none"> • <i>(Strategic Results Areas 7,8)</i> 	YES	<p>UNAIDS added value in policy level advisory and advocacy, provision of accurate information and updates on the HIV data and analysis through Spectrum estimates, to support evidence-based decision making and strategic information and planning is widely recognised. UNAIDS spectrum estimates are used for prioritisation and programming and developing of the Programme on Overcoming HIV infection in Kyrgyz Republic 2017-2021 and 2022-2026. Financial support has been also provided for capacity development at national and local levels (both within and beyond government institutions). CE flexibility enables prompt response to emergency situations including pandemics with possibility of reprogramming funds to respond to challenges and needs (e.g. COVID-19).</p>

6 CONCLUSIONS AND CONSIDERATIONS GOING FORWARD

6.1 Summary conclusions

- **The UNAIDS Secretariat in Kyrgyzstan is well respected and recognised (by Cosponsors, donors, governmental organizations and CSOs/NGOs), as the leading agency in promoting the HIV response.** This is evident through policy level advisory and advocacy, provision of strategic information, capacity development at national and local levels. UNAIDS role in coordination and facilitation to ensure synergy among UN agencies (and beyond) is clear. Its engagement in joint work planning, technical assistance, implementation support and monitoring of the support to HIV response is key. Limited human resource capacity (only 2 staff members)⁴⁰ puts a high burden on the existing UCO staff and limits their focus to specific HIV technical areas.
- **CE funding is a welcome initiative which enables Cosponsors to be more focused on HIV, and country to address needs and gaps in their HIV response/programme.** There is positive feedback from key stakeholders in Kyrgyzstan (national AIDS Centre, civil society and community organizations), and appreciation of the Joint Programme support.
- **CE funds are allocated in a transparent manner. The criteria and processes used to allocate CE funds and selection of proposals are broadly appropriate.** This yielded a set of Cosponsor proposals that individually had clear rationale, strong strategic justification and respond to country needs and priorities (country HIV response and programme).
- **Late disbursement of CE funds (by March) affects project implementation by shortening implementation period to 9 months (in the first two biennia: 2018-2019 and 2020-2022).** Moving to two-year project planning in the third biennium (2022-2023) enables Cosponsors to adjust their plans and move some activities from the first to the second year.
- **Transactions costs were not raised as an issue for Cosponsors at the country level.** Overall, KIs reported that the time invested in planning and reporting for the CE was reasonable. The standard requirements for planning and reporting are minimal, with the UCO adding a requirement of a short proposal by agency, to gather sufficient information for decision making (that takes place by consensus). Application to CE funds is considered by some as light comparing to other processes like One UN Funds.
- In general, CE demonstrated clear contributions towards achieving the national HIV strategic directions and priorities in HIV response and UBRAF Strategic Areas. However, challenges in measuring CE performance have left question marks over the extent to which CE have demonstrated a clear and catalytic effect. **Despite a lack of clarity on what is meant by the term ‘catalytic’, the interventions/activities under the CE are largely designed to add value and achieve some sort of ‘catalytic’ outcome.** CE funds led to some Cosponsors raising and investing additional funds to CE funding and/or helping them to keep their focus and investments on HIV.
- **CE funds are encouraging and providing safe space for exploring innovative approaches.** Their flexibility enables quick adaptation of activities and plans to emerging and other programming needs. Lack of competitiveness (CE funds shared among all Cosponsors) does not affect innovative and/or catalytic nature of interventions under the CE, in Kyrgyzstan.

⁴⁰ UNAIDS country director and UNAIDS assistant

- For the **BUF Funds**, the Joint Team adopted a more competitive approach (proposal based where funds were given to the best proposal). BUF funds are seen by Cosponsors and other key stakeholders as additional funds (**one time offer to top CE**) with a very narrow focus to fill in a particular gap in implementing the national HIV programme.
- Although the majority of CE funds are used for the implementation of small-scale projects (activities implemented through national NGOs) to fill gaps, expand existing projects, and/or apply good practices, there are some examples of more catalytic and innovative use of CE funds.
- **There has been insufficient clarity on quality assurance of reporting and missed opportunities to document and record CE interventions and contributions in a systematic, structured and standardised manner.** Although reporting on CE (and BUF) takes place in a timely manner there are no standardised reporting guidance and templates provided by UNAIDS (each Cosponsor report on their templates and indicators). There is an identified need for a more guided, standardised and structured reporting on results and achievements under the CE.
- Strong commitment, leadership and engagement of the UNAIDS Secretariat staff in Kyrgyzstan, good collaboration and coordination among Cosponsors and national stakeholders, supportive environment in the country for change to take place, and encouragement for innovative approaches in planning and implementation are the main factors helping the achievement of JP outcomes and results in Kyrgyzstan.
- **The lack of staff with time to devote to HIV has been the main reason for the non-participation of some UN agencies in the CE share.** Presence of staff with time to devote to HIV/AIDS (e.g., HIV coordinator or focal point) in the Cosponsor agencies has been essential to keep Cosponsors' focus on HIV, mobilize resources and participate in HIV related activities.

6.2 Considerations for strengthening Country Envelope funding model and operations at country level

6.2.1 Considerations for the global level/UNAIDS

- **Consider revision and/or update the UNAIDS guidance and planning processes** to reflect the actual disbursement timeline in countries. Continuation with the 2-year project cycle will enable Cosponsors to accommodate late disbursement.
- **Consider and further explore other ways to expedite disbursement of funds to the country level** (e.g. agency on behalf of a group working on a joint project; funds to be provided to the RC, etc).
- **Develop a clear, consistent and shared definition of what 'catalytic' means and develop criteria that are measurable.**
- **Develop a standardised and structured, but simple, reporting system on results and achievements under the CE.** Clear guidance standardised and appropriate reporting processes and forms/templates are needed for documenting and keeping records of CE activities. They may also include narrative sections of implemented activities, sharing good practices and lessons learned.

6.2.2 Considerations for Kyrgyzstan:

- **Capacity assessment, including mapping capacity in the UNAIDS Secretariat and the Joint Team** members with the country needs, should be conducted and followed by joint advocacy to fill gaps where a priority mandate (for the HIV needs of the country) is not filled (e.g., WHO).
- **More attention should be given to financial and programmatic sustainability of CE funded projects.** Examples of good practices could be drawn from projects and implementers who considered sustainability, such as the Plus Centre/shelter in Osh (implementer under UNDP and UNODC), which is creating sources of income to make the center/shelter financially viable and less dependent on donors. Such and similar examples and good practices could be shared by Cosponsors among NGOs and immediate implementers.
- **CE results and achievements at the country level should be better recorded and documented.** Standardized and structured reporting systems for documenting and keeping records of CE activities (with narrative of implemented activities and lessons learned/good practices) should be used.
- **More clarity and stronger mechanisms on quality assurance of reports at country level and with selected services providers should be put in place** with improved coordination and standardised reporting from technical teams and different technical providers.
- **Innovations, positive experience, platforms, and new models** emerging from the response to the COVID-19 pandemic should continue to be widely applied – where relevant – and shared across the region through existing forums and platforms.

ANNEXES


ANNEX 1: DEEPER DIVE UNESCO

DEEPER DIVE - UNESCO	
1.1. Background, rationale and alignment of activity	
Cosponsor agency:	UNESCO
Implementers (partners):	Kyrgyz studio <i>MAALYMAT MEDIA</i> ⁴¹ (series production) <i>"Etnomedia online movie theatre"</i> (a YouTube streaming platform ⁴² that hosts the series free of charge) <i>TEENS.KG</i> (promotes the series at its Instagram community ⁴³ and engaged users in discussion of the issues raised in the series.
Biennium:	CE 2018-2019 and 2020-2021
Name of activity funded by country envelope or BUF funds	Integrated media campaign on stigma and discrimination reduction & HIV testing promotion
Strategic priority area (SRA)	Support to SRA 6 and SRA 4
Gender Marker	Gender Marker 2 - Significant contribution to gender equality and/or empowerment of women and girls
Civil Society Marker	Civil Society Marker 1 - Consultation and engagement with civil society/community
Alignment	Aligned with UBRAF / Joint Workplan High priority area outcome 1.1 - Country level public awareness raising initiatives implemented to address testing increased demand in KP and general population and reduce stigma and discrimination
How will expected outputs or deliverables of the activity contribute to addressing the country need/gap?	To strengthen PLHIV networks and media capacities and implement integrated media campaigns on stigma and discrimination reduction & HIV testing promotion. Development of the new integrated behaviour impact communication campaign concept and communication materials on reduction of HIV-related stigma/discrimination (with a focus on healthcare and educational settings) and HIV prevention and testing among youth.
Budget and timeline:	Funded through CE and UNESCO co-funded. CE funds: 2018-2019 (US\$ 48.000); 2020-2021 (US\$ 49.990)
1.2 Implementation	
Nature of activity and participation	Media Campaign through "School Elections" series to support HIV+ adolescents, reduce stigma and self-stigma, raise awareness about HIV, empower girls living with HIV - The media campaign was unrolled as a phased release of six episodes of "School Elections" series. Using gender lens, the Kyrgyz series featured the story of an HIV-positive teenage girl who confronts a powerful band that bullies and intimidates other students at school. She runs for school presidency and wins despite of her HIV-positive status being disclosed by her competitor. The story unfolds in a setting well-known and relatable to Kyrgyz youth and educates viewers in a natural and unobtrusive manner about various aspects of living with HIV as well as HIV treatment and prevention, while at the same time addresses other issues which

⁴¹ also known as Media Kitchen

⁴² https://www.youtube.com/watch?v=vy_9qmMqegQ

⁴³ <https://www.youtube.com/channel/UCMRBzoZXYa9THhIhV5SM3tQ>

	<p>students commonly face. The series empowers girls and sets a positive and strong role model for adolescents living with HIV or otherwise being ‘different’ from the majority to realize their aspirations, fight for their rights and change life in the community for better.</p>  <p>https://iite.unesco.org/news/new-series-school-elections-launch/</p>
<p>Activity implemented (on time, on budget and as intended):</p>	<p>Based on documentary evidence and conducted interviews project/activities were implemented on time and within its budget. According to UNESCO staff, funds were received in February. Slight delay in receiving funds was mitigated by preparatory work (drafting ToRs, contracts, etc.) done before funds are received. Good absorption capacity (100%).</p>
<p>Evidence of implementation:</p>	<p>The budget has been implemented, the total expenditure on the amount financed by the country envelope (2018-2029) is US\$48,000. All reports (narrative and financial) were submitted on time.</p>
<p>Challenges, bottlenecks, unintended consequences experienced</p>	<p>No particular challenges on implementation of activities have been reported by UNESCO. Due to the nature of activities, there was no direct and/or significant impact of the COVID-19 on the implementation of activities. There were slight delays in implementation of some activities due to staff getting sick from COVID-19. The project got back on the schedule quickly.</p>
<p>1.3 Results</p>	
<p>Results as they relate to country envelope outputs:</p>	<p>By showcasing a story of young person living with HIV, this campaign aimed to remodel/reshape public attitude to HIV, namely to HIV testing and treatment to encourage those who may be at risk of contracting HIV, to learn their status as soon as possible and initiate treatment if necessary.</p>
<p>Results related to UBRAF result areas</p>	<p>The series empowers girls and sets a positive and strong role model for adolescents living with HIV or otherwise being ‘different’ from the majority to realize their aspirations, fight for their rights and change life in the community for better. The series scored more than 2.6 million views (by end-July 2022) at the leading national online movie theatre Ethnomedia. Other channels included the NTS national television channel and the UNESCO-supported Instagram public TEENS.KG</p>
<p>Describe results likely to arise from the activity in the next 6 -12 months:</p>	<p>The results encouraged UNESCO to extend interventions and produce 12 educational interactive episodes in which the leading actors invite viewers to explore the issues raised in the series from their own perspective, to imagine themselves in various situations and to make their own choices. The interactive episodes feature actress Aizat Ibraimova as Ayana (main character) reflecting on the antiretroviral therapy and its effectiveness, on whether the stereotypes about HIV are relevant in the 21st century, and whether bullying can be tolerated even when it targets someone who initiated it in the first</p>

	place. Thanks to this innovation, many viewers have learned more about HIV transmission, testing and treatment in a highly engaging way.
How catalytic is/was the activity (use/insert rating if possible – example overleaf):	<p>Multiplier effect: Additional funding is leveraged from other sources and additional activities are also implemented: (a) The series received good media coverage and triggered discussion about HIV and other important issues raised in the series in social media. (b) On the Kyrgyz Ministry of Education request, UNESCO produced a set of video lessons to support continuous HIV/health education (digitalization of education during the COVID-19). Fragments of some of episodes from “School Election” series were used in a video lesson on violence and bullying prevention (including cyber bullying).</p> <p>Innovative, with an approach that has not been tried before and which triggered a wider effect - a completely new for Kyrgyzstan approach to talk to adolescents and young adults about HIV, where the focus is on a human story, school life challenges and where HIV appears as a ‘secondary’ theme, so that viewers receive HIV-related messages subtly integrated in a larger story and thus more impactful.</p>
UNAIDS role in following up activity and results:	There has been strong coordination between UNAIDS and UNESCO during the project planning processes and reporting. UNESCO worked closely with UNAIDS at all stages of the project implementation, including the official launch of events with participation of UNAIDS Country Representative. UNAIDS provided assistance in information sharing. The activities and results, implemented by partners (NGOs), were monitored by UNESCO.
Critical success factors:	Strong commitment, engagement and coordination of the UNESCO regional office and UCO/UNAIDS Secretariat staff in Kyrgyzstan; coordinated actions from partners (immediate implementers); Encouragement for innovative approaches in planning and implementation of activities; Multiple catalytic effects (innovative, resulting in resource mobilization, additional activities, strengthening partnerships).

ANNEX 2: COSPONSOR PRESENCE AND CAPACITY FOR IMPLEMENTATION

Kyrgyzstan	UNAIDS Secretariat	UNICEF	UNFPA	UNODC	UNESCO*	UNDP	UN Women
Staff	2	3 (1)	1	2 (1)	4 (2)	4 (1)	3

* Regional office (based in Moscow, Russia, now moved to Bonn)

(n) Source: JPMS

Agency	Position	Staff Grade	Estimated time %
UNAIDS Secretariat	UNAIDS Country Director	NOD	100
	UNAIDS Assistant	G5	100
UNDP	HIV/TB Programme Coordinator	SC	50
UNESCO	Regional HIV Advisor	P4	20
	National Programme Officer	NOA	20
UNFPA	National Programme Analyst on HIV	NOA	100
UNICEF	Programme Specialist	P3	10
UNODC	National Programme Coordinator	SC	30
UN Women	Head of Osh sub-office	NOC	20
	Specialist	SC	80

ANNEX 3: OVERVIEW OF NATIONAL HIV PROGRAMMES IN KYRGYZSTAN 2012-2016; 2017-2021; 2022-2026

Kyrgyz National HIV programme 2012-2016				
The 2012-2016 national HIV programme has 5 main strategy directions : 1. Reducing the vulnerability of injecting drug users to HIV infection 2. Prevention of sexual transmission of HIV infection 3. Ensuring access to treatment, care and support for people living with HIV infection (PLHIV) 4. Strengthening and ensuring the resilience of the health system in response to HIV infection 5. Improving strategic coordination and public policy management				
Strategies	Tasks	Number of events	Performers	Source of financing
Reducing the Vulnerability of Injecting Drug Users to HIV Infection	Stabilizing the spread of HIV infection among injecting drug users (IDUs), including women	63	MOH KR = 31 (49.2%) Other government departments - 15 (23.8%) NGOs - 48 (76.2%) WHO - 1 (1.6%)	CARHAP- 8 (13%) GFATM- 55 (87.3%) PSI- 7 (11%) CDC-9 (14.2%) GIZ- 5 (8%) AFEW- 1 (1.6%) USAID- 2 (3.2%) Other donors -5 (8%) OSCE -1 (1.6%) CADAP-1 (1.6%)
Prevention of sexual transmission of HIV infection	Limiting the spread of HIV among sex workers and their clients	40	MOH KR = 23 (57.5%) Other government departments - 22 (55%) NGOs - 16 (40%)	OSI- 1 (3%) SOROS- 2 (5%) USAID-3 (7.5%) German Society for International Cooperation- 11 (27.5%) GFATM- 19 (47.5%) UNPFA- 8 (20%) UNESCO- 5 (12.5%) State Budget- 9 (22.5%) PSI- 5 (12.5%) CARHAP- 4 (10%) German Ministry for International Cooperation (BMZ)- 1 (3%) Other donors -4 (10%)
	Reducing the vulnerability of men who have sex with men (MSM) to HIV infection			
	Objective 3. Ensure access to STI prevention and treatment services for high-risk groups			
	Target 4. Reducing the vulnerability of young people to HIV and STIs			
Ensuring access to treatment, care and support for people living with HIV (PLHIV)	Objective 1. Ensuring access to highly active antiretroviral therapy (HAART)	44	MOH KR = 26 (59%) Other government departments - 30 (68.2%) NGOs - 17 (38.6%) UNDP - 3 (6.8%)	State budget- 16 (36.4%) GFATM- 21 (47.7%) USAID-1 (2.3%) UNPFA- 1 (2.3%) UNICEF- 2 (4.6%) PSI- 1 (2.3%) Other donors -8 (18.2%)
	Ensuring universal access for PLHIV to diagnostics, treatment and prevention of opportunistic infections, including tuberculosis and viral hepatitis C			
	Objective 3. Providing HIV-positive pregnant women with a set of services for the prevention of mother-to-child transmission of HIV (PMTCT)			
	Target 4. Ensuring access to care and social support for HIV-positive women, children and family members			

	Task 5. Build the capacity of the PLHIV community to ensure universal access to services			
	Formation of tolerance towards PLHIV and high-risk groups			
Strategy 4: Strengthen and ensure the resilience of the health system response to HIV infection	Objective 1: Integrate quality HIV services at all levels of health care	40	MoH KR = 40 (100%) Other government departments - 5 (12.5%) WHO - 2 (5%) Community Health Action Project - 1 (2.5%)	State budget- 7 (17.5%) GFATM- 29 (72.5%) PEPFAR -1 (2.5%) German Development Bank (KFW) - 2 (5%) Community Health Action Project- 1 (2.5%) Other donors - 8 (20%)
	Objective 2. Prevent nosocomial transmission of HIV infection			
	Task 3. Development of health workforce capacity			
Strategy 5. Improving strategic coordination and public policy management	Objective 1. Improving strategic coordination and management of public policy	50	MOH KR = 36 (72%) Other government departments - 22 (44%) CCM - 13 (26%) UNAIDS - 1 (2%) NGOs - 8 (16%)	CDC- 4 (8%) AFEW- 1 (2%) CARHAP- 1 (2%) PSI- 1 (2%) UNDP- 9 (18%) ICAP, Assistance Project- 4 (8%) GFATM- 29 (58%) UNAIDS- 4 (8%) UNICEF- 2 (4%) State budget- 9 (18%) Other donors - 5 (10%)
	Task 2. Ensuring sustainable financing of the State Programme			
	Objective 3. Improving the monitoring and evaluation (M&E) system and collecting strategic information			

Kyrgyz National HIV programme 2017-2021

The Kyrgyz National HIV programme 2017-2021 has **3 main strategic directions**: 1. Provide a client-centric package of diagnostic, treatment, care and support services for key populations 2. Strengthen the healthcare system to strengthen the response to HIV infection in the Kyrgyz Republic by 2021 3. Create favourable economic, legal and social conditions for overcoming HIV infection in the Kyrgyz Republic

Strategies	Tasks	Number of events	Performers	Source of financing
Providing a customer-centric package of diagnostic, treatment, care and support services for key populations	Reduce the number of new HIV infections among PWID and prisoners by 50% by 2021 compared to 2015	16	MOH KR = 15 (94%) Other government departments - 11 (69%) NGOs - 9 (56%) International organizations - 7 (44%)	Data not available to consultant
	Reduce the number of new HIV infections among SWs, MSM and TG by 50% by 2021 compared to 2015	5	MOH KR = 3 (60%) Other government departments - 0 NGOs - 5 (100%) International organizations -3 (60%)	
	Provision of SRH services to at least 50% of SWs, MSM and 30% of TGs, as well as 90% of HIV-positive women and families living with HIV	3	MOH KR = 3(100%) Other government departments - 0 NGOs - 3 (100%) International organizations -0	
	Ensure that 90% of PLHIV know their HIV status	5	MOH KR = 5(100%) Other government departments - 0 NGOs - 4 (80%) International organizations -1 (20%)	
	90% of PLHIV are provided with support and social support in HIV prevention, treatment, care and support programmes	1	MOH KR = 1 (100%) Other government agencies - 1 (100%) NGOs - 1 (100%) International organizations -1 (100%)	
	Provision of pre- and post-exposure prophylaxis services	2	MOH KR = 2 (100%) NGOs - 1 (50%)	
	Reach 90% of people living with HIV with antiretroviral therapy (ART) and achieve viral load suppression in 90% of people on ART by 2021	9	MOH KR = 9(100%) Other government departments - 7 (78%) NGOs - 5(56%) International organizations -1 (100%)	
	Achieve a reduction to less than 2% of mother-to-child transmission of HIV leading to elimination by 2021	3	MOH KR = 3 (100%) Other government departments - 2 (67%)	
Strengthening the health system to strengthen the response to HIV in the Kyrgyz Republic by 2021	Improving measures for effective coordination and quality management of HIV-related medical services	4	MOH KR = 4 (100%) Other government departments - 2 (50%) NGOs - 1 (25%)	
	Optimization of collection and analysis of statistical data	4	MOH KR = 4 (100%) Other government departments - 1 (75%) NGOs - 1 (25%)	

	Institutionalization of the monitoring and evaluation system throughout the country	4	MOH KR = 4 (100%) International organizations - 2 (50%)	
	Conducting special studies	8	MOH KR-8 (100%) NGOs- 2 (25%) International organizations -1 (13%)	
	Ensure continuity of treatment, care and support services for PLHIV	8	MOH KR-8 (100%) NGOs - 2 (25%) International organizations -2 (25%)	
	Improving the laboratory diagnosis of HIV infection	7	MH KR= 7(100%)	
	Improving the quality of work of specialists; stimulating motivation in providing quality HIV services	5	MH KR= 5(100%)	
Creation of favorable economic, legal and social conditions for overcoming HIV infection in the Kyrgyz Republic	Reduce stigma and discrimination to zero in public organizations providing HIV services to key populations and PLHIV	3	MOH KR = 3 (100%) Other government departments - 3 (100%)	
	Zero laws, regulations and practices that discriminate against people living with HIV and key populations	10	MOH KR = 4(40%) Other government departments - 7 (70%) NGOs - 6 (60%) International organizations -1 (10%)	
	Ensure equal and effective partnership and intersectoral cooperation between government agencies, civil society organizations, people affected by the HIV epidemic, and international organizations in order to consolidate efforts in the implementation of the response to HIV in the Kyrgyz Republic	5	MOH KR = 4 (80%) Other government departments - 3 (60%) NGOs - 2 (40%)	
	Capacity building of NGOs (by agreement) and communities of key groups and PLHIV	4	MOH KR = 4 (100%) NGOs - 4 (100%)	
	Ensure coordination and sustainable financing of the HIV response by gradually increasing the share of public funding for HIV prevention and treatment programmes to 50% by 2021	7	MOH KR = 7 (100%) Other government departments - 4 (57%) NGOs - 1 (14%)	

DRAFT Kyrgyz National HIV programme 2022-2026

The Kyrgyz National HIV programme 2022-2026 has **4 main strategic directions**: 1. Provide a comprehensive package of HIV prevention, diagnosis, treatment, care and support services for PLHIV and those most at risk of HIV infection 2. Strengthen the health system to ensure effective responses to end the HIV epidemic infections 3. Creating an enabling environment for overcoming HIV infection in the Kyrgyz Republic 4. Ensuring coordination and sustainability of HIV programmes

Strategies	Tasks	Number of events	Performers	Source of financing
Strategic direction 1: Provide a comprehensive package of HIV prevention, diagnosis, treatment, care and support services for PLHIV and those most at risk of HIV infection	Ensure equal access of the population of the Kyrgyz Republic to HIV testing and counselling (H&C) programmes	21	MOH KR = 21(100%) Other government departments - 16 (76%) NGOs - 17 (81%) International organizations -2 (9.5%)	There is no information on financing in the new National HIV Programme
	Ensure early access and effective treatment for people living with HIV			
	Expanding Access to Medical Services for PLHIV with Special Needs			
	Ensure access to HIV services for needy women of reproductive age, children and adolescents with HIV			
	Ensure key populations have access to a comprehensive package of HIV services			
Strategic direction 2: Strengthen the health system to ensure effective responses to end the HIV epidemic	Improving measures for effective coordination and quality management of HIV-related medical services	19	MOH KR = 19 (100%) Other government departments - 15 (76%) NGOs - 14 (73.2%) International organizations -13 (64.8%)	
	Optimization of collection and analysis of statistical data			
	Institutionalization of an HIV monitoring and evaluation system			
	Conducting special studies			
	Improving HIV laboratory services			
	Ensure continuity of treatment, care and support services for PLHIV			
Strategic direction 3. Formation of an enabling environment for overcoming HIV	Zero laws, regulations and practices that discriminate against people living with HIV and key populations	29	MOH KR = 29 (100%) Other government departments - 27 (93%) NGOs - 14 (73.2%) International organizations -27 (93%)	
	Creation and approval of departmental regulations to improve the efficiency of work with PLHIV and KPs			

infection in the Kyrgyz Republic	Reduce stigma and discrimination to zero in public organizations providing HIV-related services to key populations and PLHIV Prevent HIV-related violence and gender inequality			
	Providing legal support to PLHIV and key populations			
	Development and implementation of a communication strategy to prevent HIV infection and increase access to prevention, testing and treatment services			
	Harnessing the potential of the media			
	Ensuring young people have access to basic HIV/STI/drug knowledge through school, special education, and community education			
	Reducing stigma and discrimination against KPs and PLHIV at the household level			
	Professional training for law enforcement officers			
	Training of employees of the social protection system			
	Capacity building of NGOs and communities of key populations and PLHIV			
	Community monitoring			
	Strategic direction 4: Ensuring coordination and sustainability of HIV programmes			Ensure equal and effective partnership and intersectoral cooperation between government agencies, civil society organizations, people affected by the HIV epidemic, and international organizations in order to consolidate efforts in the implementation of the response to HIV in the Kyrgyz Republic
Improving the legal and regulatory framework to create conditions for public funding of HIV responses,				
Ensure sustainable financing of the HIV response by gradually increasing the share of public funding for HIV prevention and treatment programmes to 80% by 2026				

ANNEX 4: PEOPLE /GROUPS INTERVIEWED (KEY INFORMANTS INTERVIEWED)

N°	Person(s) Interviewed	Organization	Contact Information
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9	Mr. Tigran Yepoyan	UNESCO*	t.yepoyan@unesco.org
10	Ms. Ulziisuren Jamsran	UN Women*	ulziisuren.jamsran@unwomen.org
11	Mr. Kiromiddin Gulov	UN Women*	kiromiddin@gmail.com
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14	Ms. Nazira Usmanova	CDC*	hmv9@cdc.gov
15	Ms. Aida Estevesova	USAID*	aestesova@usaid.gov
16	Mr. Aibek Bekbolotov (Deputy Director)	National AIDS Centre	aibek_0001@mail.ru
17	Ms. Elmira Jorbaeva	Site visit to Ishenim Nuru (UNDP)	elya.dzh@mail.ru , +996 550 297850
18	Mr. Yuri Malyshev	Site visit to Ishenim Nuru (UNDP)	
19	Mr. Adilet Alimkulov	Kyrgyz Indigo, Bishkek	adiletalimkulov7@gmail.com
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21	Mr. Beka Esenbekov	Kyrgyz Indigo, Bishkek	b.esenbekov@indigo.kg
22	Ms. Tatiana Musagalieva	Meeting with Ganesha Public Foundation, Osh (UN Women)	publicfund.ganesha.kg@gmail.com , +996 555 816713
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30	Mr. Kanat Osmonov	Plus Center, Osh (UNDP + UNODC)	
31	Mr. Alexander Sinitsyn	Plus Center, Osh (UNDP + UNODC)	
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38	Ms. Shahnaz Islamova	Tais Plus Public Association (SWs)	shislamova@gmail.com

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