

<b>A. Country Information</b>		
Country name: The Kyrgyz Republic		
Category per decision 2013/31: "Orange"	Current program period: 2012 - 2017	Cycle of assistance: 3

<b>B. Country Program Outputs Achievement</b>			
<b>Reproductive health and rights</b>			
Output 1(aligned to SP 2014-2017): Increased national capacity to deliver comprehensive maternal health services			
Indicators	Baseline 2014	Target 2017	End-line data 2016
The number of new reproductive health guidelines and protocols are developed and implemented	5	10	14 clinical protocols EMoC, Family Planning, HIV and Sexual Violence developed, approved, distributed, translated into Kyrgyz and implemented.
Two CEMD reports with recommendations are available in the country	1	2	The first CEMD report was presented in 2014. The second CEMD report is in the development process and will present in 2017
Prior Output 1 (2012-2013): Capacity of health institutions are strengthened to provide quality of maternal and newborn services			
Indicators	Baseline 2012	Target 2013	Achieved
The number of new reproductive health guidelines and protocols is developed and implemented	0	2	5 clinical protocols on EMoC were developed, approved and distributed.
CEMD report with recommendations is available in the country	0	1	The draft of the first CEMD report are available in Kyrgyzstan. the report took peer review by WHO international expert at the end of 2013.
<b>Key Achievements</b>			

1. All national clinical protocol on EmoC, FP, HIV and Sexual Violence have been developed that are consistent with quality care standards by involving the Kyrgyz Medical Postgraduate Training Institute. All clinical protocols have been printed, translated into Kyrgyz language and distributed among maternities. Trainings on clinical protocols have been conducted for healthcare providers. Trainings conducted had positive effect on capacity of health providers, but also demonstrated greater need to expand this work by cascading trainings and distribution of publications to cover more facilities and staff on the ground.

2. A clinical guideline on Support for SRH in people living with HIV was developed and approved. The guideline is meant to counsel and provide services by healthcare workers to people, living with HIV on issues related to their reproductive health considering their and their partners' HIV status. Healthcare workers throughout the country were trained on the guideline to build their capacity on provision of SRH services to people living with HIV based on the latest evidence-based recommendations;

3. CO has supported the implementation of the WHO initiative “Beyond the Numbers” and its two approaches- Confidential Enquiry into Maternal Death (CEMD) and Near Miss Cases Reviews (NMCR) in the country. UNFPA provided technical support in auditing of 95 maternal death cases for 2011-2012 and jointly with MOH the first national report on Confidential Enquiry presented to Parliament, health care providers, health decision makers and community which was highly valued by Ministry of Health, academicians and health care providers . Since 2014, the CEMD Committee has gathered and reviewed 149 maternal death cases in preparation of the second national report on maternal mortality. The National CEMD Committee and the CEMD Secretariat presented the draft CEMD second report for health care providers to receive the feedback for finalization. The country office in cooperation with MoH and WHO worked further on institutionalization of CEMD at the national level.

Output 2 (aligned to SP 2014-2017): Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence

Indicators	Baseline 2014	Target 2017	End-line data 2016
The forecasting system for reproductive health commodities is available	2	8	The contraceptive logistics management information system (LMIS) in Kyrgyzstan in general terms is working well in all 7 oblast including capital of the Kyrgyzstan ( target 8)
The number of healthcare providers and community members trained on family planning human rights protocols	296	400	1100 health care providers and community trained on Family planning.
Prior Output 2 (2012-2013): Strengthened RHCS system in the country			
Indicators	Baseline 2012	Target 2013	
The forecasting system for	1	2	1-Talas

reproductive health commodities is available and operational at UNFPA sites			2-Issyk-Kul
The number of healthcare providers and community members trained on family planning	100 health providers 100 community members	150 health providers 130 community members	506 health care providers  170 community members  SRH, including family planning and HIV: 1. Community members – key populations trained – 272 Healthcare providers trained – 162 Total 1100

Key Achievements

1. The capacity building for CHANNEL Logistics Management Information System software system and the associated procurement and instalment of over 60 computers has been completed in all 8 regions with an LMIS assessment scheduled for 2017. CO has also supported training workshops related to good logistics management. Based on the last assessment on LMIS/Channel in 2016 all humanitarian contraceptives are stored correctly, monitored and good storage practices are followed with clear information on expiry dates. The contraceptive logistics system and CHANNEL software are also functioning efficiently to track supplies and stock levels within health units.
2. UNFPA provided substantial assistance to strengthening the capacity of national institutions to provide quality family planning services to the population which are guided by a series of clinical protocols based on WHO Guidelines on medical eligibility for contraceptives. This training FP package was institutionalized into the Kyrgyz Postgraduate training institute and the Medical Colleges. The curriculum of the obstetrics and gynaecology residents’ training programme has four academic hours to cover the subject of family planning. UNFPA KR has established a highly qualified team of certified national trainers who have rolled out an intensive 4-day training program for health care providers in all regions, with a provision for monitoring visits to assess performance and provide feedback.
3. Linkages on integration of HIV and SRH have been strengthened. SRH of key populations have been considered in national policy documents, as well as in training programs. Healthcare providers and key populations at higher risk to HIV have been trained on SRH, family planning.
4. Newly developed and published tools on Implementing comprehensive HIV and STI programs with sex workers/men who have sex with men have been rolled-out in the country among community members and stakeholders representing various sectors;
5. Informational brochure was developed for women with high risk of exposure to HIV with focus on of sexual partners of men, who inject drugs and female injecting drug users and women living with HIV on contraceptive choice. The brochure describes various types of contraceptive choice with the

main focus on promotion of condom use for triple protection- from STIs, HIV and unintended pregnancies;

6. Addressing HIV and SRH needs of young key populations has been initiated. Focus group discussion among young key populations on access to and availability of HIV and SRH services were held and recommendations are being integrated into relevant national policies for further implementation at the country level.

Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings

Indicators	Baseline 2014	Target 2017	End-line data 2016
The number of healthcare providers and stakeholders trained on MISP	150	350	MISP trainings enhanced the capacity of 375 workers of Ministry of Emergency and Health, including the Kyrgyz Postgraduate Institute for Continuous Training on how to address sexual and reproductive health needs in crisis situations, and in strengthening disaster preparedness

Key Achievements

1. Seven trainings on MISP were carried out with simulation exercises to prepare pool of the national trainers, in the north and south regions. MISP trainings were carried out to prepare pool of the national trainers, which have gone on to train 375 participants. CO maintained regular contact with the Ministry of Emergency Situations and relevant Government institutions to liaise for information-sharing and raised awareness in the country, with UN agencies, NGOs, government authorities, local media and civil society on MISP issues.

1. A workshop on data in humanitarian settings was organized to strengthen national capacity MOH, the National Statistic Committee and civil society representatives on how to use the data in various phases of humanitarian situation, analyze various types of data and information (through surveys, censuses, routine data collection, etc.) which are useful for preparedness planning, acute, chronic and post-crisis phases. 30 participants gained a knowledge of key humanitarian data learned concepts about cluster approach and components of the inter-agency contingency planning process.

2. The country office participated in three inter-agency simulation exercise. The exercises brought together the state and international partners to test coordination of humanitarian response to a large-scale emergency ( drill, cross boarding, earthquake) in real case scenario.

3. UNFPA closely worked with the Coordination Teams (REACT) and UN Disaster Response Unit in developing Inter agency contingency planning (IACP) and CO worked closely with existing planning processes in place in the Kyrgyzstan country with the aim of inclusion of the Minimum Initial Service Package and emergency preparedness measures. The MISP was included into IACP. CO

participated at the MIRA workshop and the DRCU meetings and provided technical support on risk/vulnerability analysis at national level.			
<b>Young people</b>			
Output 4 (aligned to SP 2014-2017): Increased national capacity to advocate, design and implement national laws, policies and programs on adolescent and youth issues based on human rights and needs of young people			
Indicators	Baseline 2014	Target 2017	End-line data 2016
Adolescent and youth SRH issues are included in the national laws, programs and strategies	<i>1 national policy (National RH Strategy till 2015)</i>	<i>2 (RH Law, Health program "Den-soluk")</i>	<i>3 (RH Law, Health program "Den-soluk")</i>
Number of vocational schools with integrated HLS curricula aligned with international standards on sexuality education	<i>22% (24 vocational schools)</i>	<i>100% (94 vocational schools)</i>	<i>100% (including 18 rehabilitation groups in 94 schools)</i>
Prior Output 3 (2012-2013): Strengthened capacity of national institutions to provide youth-friendly services on SRH and HIV			
Indicators	Baseline 2012	Target 2013	
The number of service delivery points offering youth friendly health services on SRH and HIV	<i>3 delivery points (Bishkek, Jalalabad, Karakol)</i>	<i>6 delivery points (Bishkek, Jalalabad, Karakol, Kochkor, Naryn, Atbashy)</i>	
Prior Output 4 (2012-2013): Improved awareness, attitudes and behavior of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities			
The number of BCC materials produced	<i>0</i>	<i>3</i>	
<p><u>Key Achievements</u></p> <p>1. UNFPA supported establishment of Youth friendly health services (YFHS) at primary healthcare level through provision of equipment and capacity building activities for healthcare providers in 6 districts and Bishkek city. These interventions served as a good opportunity to increase availability and access of young people to SRH services in rural areas. Supportive will of the Ministry of Health in further promotion of YFHS resulted in creation of legal supportive environment. UNFPA Country supported development of the Ministry of health's order on provision of SRH services for adolescents and youth, and draft document of state standards of health services for adolescents and youth at primary healthcare level.</p> <p>2. UNFPA supported integration of Healthy life style (HLS) curricula into the vocational education system. HLS curricula is approved by the State agency on vocational education, and integrated within 24 hours (lessons) per academic cycle. HLS curricula aligned with recommended UNESCO and WHO</p>			

standards on Sexuality education. For teachers, 8 hours of HLS topics were incorporated into annual capacity building courses of the National Research and Methodology Center under the State agency on vocational education. HLS curricula introduced to 18 rehabilitation groups that provides education to youth with disabilities.

3. UNFPA achieved a significant progress in promotion of SRH among religious community. The “Stepping stones” manual was revised with focus on youth SRH issues and complimented with additional SRH brochures for religious community. A separate SRH brochure for religious youth was developed. Manual and brochures were approved by national health organizations and Muftiyat (national body on religious affairs) for education and dissemination among religious community. UNFPA also supported capacity building activities among teachers and students of madrasah (religious schools). As a follow-up, UNFPA supported development of Health toolkit for teachers of madrasah with active involvement and support of the Muftiyat, faith-based organization Mutakalim and National health promotion center of the Ministry of Health.

4. UNFPA CO supported development of a toolkit on Healthy Life Style with integration of issues on HIV and SRH for teachers of schools to teach students of 6-11 grades that was approved by Ministry of Education and Science and being taught in schools.

### **Gender Equality**

Output 5 (aligned to SP 2014-2017): Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.

Indicators	Baseline 2014	Target 2017	End-line data 2016
Reproductive rights are integrated into the NAP on gender equality	No	Yes	RH rights are included into NAP 2012-14
Functional National Coordination Mechanism as result of UNFPA guidance and leadership exists	No	Yes	SOP on prevention and response to GBV in humanitarian setting is developed, but not approved yet. The approval is expected in 2017.

### Key Achievements

7. Reproductive rights were integrated into 2015-2017 NAP for Achieving Gender Equality Although the Statute on a multi-sectoral coordination body in response to GBV in Emergency has not been formally adopted by Kyrgyz government, its endorsement is included in the National Action Plan 1325 (2015-17). Draft GBV Standard Operating Procedures in Emergency establishes national mechanism capable of providing survivors of violence with adequate preventive, and protection services.

8. The Gender Transforming Programming framework has been established in which men and boys are mobilized in GBV prevention and in fighting against negative gender stereotypes.

9. Creation of a sustained and coordinated system of interventions to address domestic violence in three urban areas of KR.

10. A law that prohibits holding "nikah" rite by religious leaders for marriage of girls under age 18 was adopted in the Parliament of Kyrgyzstan in 2016. The law protects adolescent girls in Kyrgyzstan from forced and early marriages. It is expected that the law will help to decrease the number of child marriages in the country. The law introduces criminal sanctions of up to five years of imprisonment

for anyone involved in organizing or officiating at a religious ceremony where one or both of spouses is under age of 18. This includes religious leaders as well as parents.

**Population and Development**

Output 6 (aligned to SP 2014-2017): Strengthened national capacity for production, analysis and dissemination of quality disaggregated data to inform decision-making and policy formulation around population dynamics and population issues (with focus on maternal health, SRH and GBV).

Indicators	Baseline 2014	Target 2017	End-line data 2016
Number of databases with population-based data accessible by users through web-based platforms	0	1	0
Number of persons trained through UNFPA support in the production, analysis and dissemination of statistical data	309	500	538
Prior Output 5 (2012 – 2013): Enhanced national capacity for the production, utilization and dissemination of statistical data on population dynamics, youth, maternal health, SRH and GBV.			
Indicators	Baseline 2012	Target 2013	
Number of persons trained through UNFPA support in the production, utilization and dissemination of statistical data	115	199	296
Number of publication materials published with the support of UNFPA	4	16	29
Prior Output 6 (2012-2013): Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics and population issues (with focus on maternal health, SRH and GBV)			
Indicators	Baseline 2012	Target 2013	
Number of revised/new policies around population issues	0	1	RH law was revised in 2013, but it was passed in the Parliament and signed by the President in 2015.
Number of persons trained by UNFPA on	3	11	13

data analysis, evidence-based planning and policy formulation			
<p><u>Key Achievements</u></p> <ul style="list-style-type: none"> <li>• New progressive revision of Reproductive Health law which has been supported by UNFPA from monitoring, revision to advocacy stage during 2010-2015 was signed by the President and came into force in July 2015;</li> <li>• UNFPA supported introduction of AIS ZAGS software primary purpose of which is to transfer paper registration of vital events into digital form which in turn will form the basis for Population Register.</li> <li>• Facilitated dialogue and strengthened inter-agency collaboration on primary data collection and coherence of National Statistics Committee, Republican Medico-Information Center and the Vital Statistics Registry Offices at regional and national levels;</li> <li>• Strengthened national sectoral-based data collection system on violence against women and girls. Starting from 2012 additional 23 tables were added in the gender-disaggregated statistical publication “Women and Men of the Kyrgyz Republic”. These data are widely used and cited in analytical documents and by policy-makers. This system has been further strengthened through development of practical manuals for the following sectors: judiciary, law enforcement and health systems, crisis centers and National Statistics Committee;</li> <li>• Youth data compendium with focus on demographic and socio-economic characteristics of young people was published with the support of UNFPA. This compendium is widely used by expert community and policy-makers;</li> <li>• UNFPA contributed to conducting of DHS and MICS;</li> <li>• National Statistics Committee website was re-designed. New design is user-friendly, easy to navigate and find relevant information.</li> <li>• As a result of many years of UNFPA advocacy, In July 2016 official decision was made to develop demographic projections and demographic policy. National Institute of Strategic Studies was tasked to develop demographic projections and monitor implementation of demographic policy. Ministry of Economy prepared first national demographic projections for Kyrgyzstan.</li> </ul>			

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	95%	2012	95%	2015	National Statistical data

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.



Contraceptive prevalence rate (total)	1)36.30 2) 35,1	1) DHS, 2012  2)National statistical data , 2012	1)47,8 2) 33,3	1)MICS 2014  2)National statistical data , 2014	
Proportion of demand for contraception satisfied (total)	62,0	2012	97.7	MICS 2014	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	No stock out		No stock out		
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	99,1	DHS 2012	97.6	MICS 2014	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	No	0	yes	1	Two guidelines introduced in 2016: WHO guidelines “Ensuring human rights in the provision of contraceptive information and services and UNFPA guidance on human rights and gender equality in provision of contraceptive information and services

<p>Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)</p>	<p>No data available</p>		<p>No data available</p>		
<p>Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?</p>	<p>No and no data available</p>	<p>2012</p>	<p>No and no data available</p>	<p>2017</p>	<p>The budget classifications used in the Kyrgyz Republic does not allow to provide estimates of family planning and reproductive health spending as a part of government expenditures. FP national health account will be developed in 2017.</p>

### **Summary of National Progress:**

1. High maternal mortality remains a concern and the country did not achieve MDG 5 by 2015. About 70 percent of maternal deaths are due to direct causes (direct maternal deaths from obstetric causes). The four major causes include post-partum hemorrhage, hypertensive disorders, post-partum infections (mainly sepsis) and obstructed labour. The indirect causes (30 percent) of maternal deaths are the diseases that complicate pregnancy, social-cultural and economic factor, GBV, poverty, migration etc. Improving the quality of emergency obstetric care continues to be the top most priority of MOH to reduce maternal mortality. Investment in infrastructure to provide perinatal care, in-service training of frontline health workers, and policy level interventions to improve maternal health are contributing to improving maternal health..
2. The Government of the Kyrgyz Republic applied the MAF to address the maternal health situation as a matter of urgent priority since it is one of the areas where the country has not made sufficient progress to meet the MDG 5 target. The Ministry of Health and the Ministry of Economy, in collaboration with other government ministries took the leading role in conducting the analysis and preparing an action plan to accelerate progress towards achieving MDG 5. The MAF Action Plan was integrated into the “Den Sooluk” healthcare reforms program and implemented through the Sector-Wide Approach (SWAp-2).
3. The State Guaranteed Benefit Program (SGBP), approved annually, ensures provision of free health services to pregnant women during pregnancy, childbirth, postpartum and children under 5.
4. The DHS 2012 shows a significant decline in the use of contraception among married women over the past 15 years from 60% in 1997 to 36% in 2012 and the use of modern methods declined from 48.9% in 1997 to 33.7% in 2012. The unmet need for contraception has increased from 12% in 1997 to 18% in 2012.
5. Curettage is a prevalent method of abortion used, access to safe abortion methods is limited and abortion continues to be used as a method of regulating fertility. Data on abortions is unreliable and incomplete. Women are often required to pay health service providers for abortion services.
6. Kyrgyzstan has finished implementation of the State Program on HIV for 2012-16 and a new one for 2017-21 was developed and submitted for approval of Government.

**UNFPA’s Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

1. In 2016, the country office took a leading role and coordinated Maternal and child component under SWAp. The country office supported the MOH in conducting the Mid Term Review of Healthcare reform program "Den Sooluk". It has recently been agreed that the Den Sooluk/SWAp for 2012-2016 will be extended for a further two years with focus only on MCH component (2017 and 2018).
2. Working in collaboration with UNICEF, UNDP, WHO, WFP and other UN agencies, UNFPA has been a key partner in the development and implementation of the MDG5 Acceleration Framework (MAF). As part of the MAF, UNFPA KR supported the development, approval and dissemination of 12 EOC protocols, supported practical EmOC trainings and introduced clinical protocols by involving the Kyrgyz Medical Postgraduate Training Institute. There is evidence of success in rolling out EPC trainings and supportive supervision visits, with positive preliminary evidence of impact in recent data for neonatal indicators.
3. As a result of UNFPA’s advocacy efforts the government has committed to provide subsidies for uninsured pregnant women. All uninsured pregnant women will now have access to the discounted medicines under the Additional Drug Package at the PHC level and free diagnostic services under the State Guarantee Benefit Package (SGBP).
4. UNFPA supported the implementation of the WHO initiative “Beyond the Numbers” and its two approaches--Confidential Enquiry into Maternal Death (CEMD) and Near Miss Cases Reviews; the first national report on Confidential Enquiry presented in 2014. UNFPA provided technical support in auditing of

95 deaths cases and in preparation of the first national report on Confidential Enquiry which was highly valued by Ministry of Health, academicians and health care providers. The second CEMD report with 148 maternal death cases will be presented in 2017 with UNFPA support.

5. The UNFPA CO supported the first (2012) and second (2014) assessment of quality of services for mothers and newborns at the national level, as an integral part of improving quality of care and implementing international standards in the clinical practice. These assessments helped the Ministry of Health identify key areas of pregnancy, childbirth and neonatal care that need to be improved.

6. For many years, UNFPA has been a major supplier of contraceptives in the country for many years. The UNFPA KR has purchased contraceptives for vulnerable groups in amount of 1 million 500 thousand USD of from 2012 to the 2015. At the same time, UNFPA informed in advance the MoH about stopping supply of contraceptives in 2015 to delegate ownership to Government and purchase of contraceptives from the state budget. Based on UNFPA advocacy several contraceptives are available for insured women under additional drug package of state guaranteed benefit package. UNFPA KR has conducted trainings on FP throughout Kyrgyzstan, which are guided by a series of clinical protocols based on WHO Guidelines. Capacity building for Channel Logistics Management Information System (LMIS) software system and the associated procurement and instalment of computers has been completed in all 8 regions.

7. The UNFPA CO has also implemented MISP training to provide RHR services in humanitarian contexts, engaging the Ministry of Emergency Situations and MoH, to develop contingency plan for responding to humanitarian emergencies. UNFPA KR trainings on MISP and advocacy for SRH in humanitarian settings has succeeded in getting stakeholder buy-in and ownership from key emergency preparedness stakeholders who feel it is a useful catalyst to develop practical contingency plans for SRH in humanitarian emergency.

8. UNFPA provided its assistance in implementation of the State Program on HIV for 2012-16 and development of the next one for 2017-21. Under its HIV component, UNFPA CO worked on strengthening HIV and SRH linkages to address sexual transmission of HIV and to remove legal barriers to HIV services. UNFPA worked in close collaboration with national stakeholders to strengthen capacity of healthcare providers, as well as with CSOs in the area of community empowerment. Work on young key populations was initiated and integrated along with SRH issues of key populations into the next State Program on HIV.

**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	F-19.5%, M- 24%	2012 (DHS)	19.8%	2015 (MICS)	
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2012	Yes	2016	Law on Reproductive health

### **Summary of National Progress**

After 2010 conflicts in the country, the Kyrgyz Government established a separate state body coordinating and implementing youth related issues – Ministry of youth. Later, the Ministry of youth was transformed to the Ministry of labor, migration and youth. In late 2015, the Ministry of labor, migration and youth was abolished and youth portfolio was divided between Ministry of Education and Science, and State agency on youth, sport and physical activity. Youth issues were implemented through the Strategy on youth policy 2012-2016. In 2016, the Ministry of Education and Science has initiated development of new Strategy on youth policy 2016-2020 with involvement of national youth organizations, youth representatives and international development partners. The document has been developed and in the Ministry of Education and Science for further promotion.

In 2015, the Youth policy Law has underwent through revision and passed first reading. The second reading is on schedule. Youth-led organizations in close partnership with Parliament Members are preparing the document for the second reading at the present.

Healthy life style (HLS) curricula integrated in vocational schools and piloted in general schools. The HLS manuals were developed separately for schools (for students grades from 6 to 11) and vocational schools. Both manuals were approved by relevant State bodies to be integrated into the education processes.

The Ministry of Health issued an order on provision of reproductive health services for adolescents in 2011. The order was complimented with pilot service delivery points supported and established by NGOs and international development partners. In 2014, service delivery points were established in all oblast primary healthcare centers (PHC) and in several rayon PHCs.

### **UNFPA's Contributions**

UNFPA supported youth strategy development process through organization of local hearings to discuss and provide recommendations from youth representing different groups and areas. UNFPA was involved in working group discussions and ensured youth recommendations were incorporated into the final document.

UNFPA provided technical assistance to national partners and supported YFHS integration at primary healthcare level and integration of HLS curricula in vocational schools.

### **Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2012	Yes	2015	NAP 2012- 2014 NAP 2015- 2017
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	N/A	N/A	1	2015	UPR 2015

Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	38	2006	32.8	2014	2006 MICS 2014 MICS
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### **Summary of National Progress**

Kyrgyzstan has made a certain progress in ensuring equal status to women and men and addressing gender gaps. Kyrgyzstan has a Gender Inequality Index value of 0.353, ranking it 67 out of 156 countries in the 2014 index. The country has ratified the major international conventions and policy documents on the rights of women (Convention to Eliminate All Forms of Discrimination against Women (CEDAW), Beijing Platform of Action). The National Strategy on Achieving Gender Equality 2012-2020, National Action Plan for 2012-14, National Action Plan for 2015 – 2017 have been developed and approved by the Government. The country became the first country in the Central Asia to adopt the National Action Plan in the implementation of UN Security Council Resolution 1325 on Women, Peace and Security.

In 2005, there were no women in the Kyrgyz Parliament and only one woman in cabinet position. The absence of women in top decision making positions in the country was addressed only in 2007, when Kyrgyzstan has enshrined a 30% gender quota in the election code.

With respect to the Universal Periodic Review, the Kyrgyz Republic went through the second cycle of the UPR on 19 January 2015, receiving 196 recommendations. Out of 196, Kyrgyzstan accepted 150 recommendations and noted 46.

### **UNFPA's Contributions**

UNFPA has developed strong partnership and coordination, as well as provided technical support to the Ministry of Social Development/Gender Machinery in elaboration of the of the National Strategy for achieving GE 2012-20 and National Action Plans for 2012-14, 2015-2017, which resulted in the inclusion of the objective to develop a system of functional education in parenting/child care, SRH among teenagers.

In addressing GBV, UNFPA has also contributed to capacity building of 3 city mayor's offices to create a multi-sectoral comprehensive response to and prevention of GBV in development and humanitarian settings and provided technical support to relevant ministries and state agencies to draft sectorial-based regulations to institutionalize and integrate GBV SOPs in Emergencies.

UNFPA has implemented Gender Transformative Programming to challenge stereotypical gender norms, eliminate violence against women and girls and combat harmful practices that foster injustice through involvement of men and boys and involved religious leaders in development of a curriculum for madrasas in which Gender issues have been mainstreamed, with special attention to GBV/VAW and girls.

UNFPA strengthened the sectorial-based data collection mechanism on GBV/VAW through the technical support and capacity development of relevant ministries and state agencies.

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2012	Yes	2016	
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2012	Yes	2016	DHS, MICS
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2012	No	2016	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	No	2012	No	2016	New Develop ment plan 2040 will have stronger account of pop.dyna mics and projectio ns

### **Summary of National Progress**

National Statistics Committee(NSC) conducted Population and Housing Census in 2009. Results of 2009 Census were evaluated as “good” by UNFPA international consultant. In 2012 and 2014 NSC published results of Demographic Health Survey and Multicenter Indicator Survey. Results of Census, DHS and MICS are widely used for analytical and decision-making purposes.

State Registry Service introduced Automated information system “ZAGS” primary purpose of which was to transfer paper registration of vital events into digital form. Starting from December 2014 registration of all vital events in Kyrgyzstan is done in AIS “ZAGS”. Introduction of AIS “ZAGS” is the key and first step in creation of comprehensive administrative population register in Kyrgyzstan. It will ensure access to information and information exchange among different government structures based on personal identification number of a person.

### **UNFPA’s Contributions**

UNFPA provided technical and financial support at preparation, data collection, analysis and dissemination stages of 2009 Population and Housing Census. UNFPA contributed to the support of DHS and MICS jointly with USAID and UNICEF.

UNFPA supported analysis of national legislation on vital registry taking into account the introduction of automated information system (AIS ZAGS) as a first step in introduction of Population Registry. On-the job trainings for 106 staff members of Vital Registry Office (ZAGS) staff in Osh, Jalal-Abad, Batken, Chui and Naryn regions on use of AIS “ZAGS” software was also done with the support of UNFPA.

### **D. Country Programme Resources**

<b>SP Outcome</b>  <b>Choose only those relevant to your CP</b>	<b>Regular Resource</b>		<b>Others</b>		<b>Total</b>	
	<b>(Planned and Final Expenditure)</b>	<b>(Planned and Final Expenditure)</b>	<b>(Planned and Final Expenditure)</b>	<b>(Planned and Final Expenditure)</b>	<b>(Planned and Final Expenditure)</b>	<b>(Planned and Final Expenditure)</b>
Increased availability and use of integrated sexual and reproductive health services	1,869,136.08	1,845,204.49	552,299.84	546,318.93	2,421,435.92	2,391,523.42
Youth policies and programmes, and increased availability of comprehensive sexuality education	516,020.00	510,575.84	531,857.69	521,755.59	1,047,877.69	1,032,331.43
Advanced gender equality, women’s and girls’ empowerment, and reproductive rights	403,646.92	396,868.19	1,079,261.81	1,073,651.58	1,482,908.73	1,470,519.77



Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	767,086.00	752,614.22			767,086.00	752,614.22
Programme coordination and assistance	<b>392.046.00</b>	<b>384,365.63</b>			<b>392.046.00</b>	<b>384,365.63</b>
<b>Total</b>	<b>3,947,935.00</b>	<b>3,889,628.37</b>	<b>2,163,419.34</b>	<b>2,141,726.10</b>	<b>6,111,354.34</b>	<b>6,031,354.47</b>