EVALUATION REPORT

INDEPENDENT EVALUATION

The UNFPA 3rd Country Program 2012-2017

The Kyrgyz Republic

Final Report

August 2016

Kyrgyzstan Country Map: Administrative map with districts

Source: http://www.un.org/Depts/Cartographic/map/profile/kyrgysta.pdf

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Executive Summary

Overview. The overall purpose of this Country Programme Evaluation (CPE) is to conduct an independent end-of-program cycle evaluation of the UNFPA's third Country Program (CP) of Assistance to the Government of the Kyrgyz Republic (GoKR) as a part of its work plan (CPE Terms of Reference (TOR) Kyrgyzstan 12/12/15)).This evaluation examines the factors that have facilitated or hindered achievements, and documents the lessons learned to inform the formulation of the fourth UNFPA CP within the next United Nations Development Assistance Framework (UNDAF) in support of the GoKR. This report covers the period from 2012 to the present in four focus areas: 1) Reproductive Health and Rights (RHR), 2) Youth, 3) Gender and Gender Based Violence (GBV), and 4) Population and Development (PD). The initial CP budget was $5.3 million, out of which $4.1 million was to be from regular resources and $1.2 million through co-financing modalities and/or other resources. In 2014, UNFPA Kyrgyzstan succeeded in obtaining over US$ 1.5 million for three donor-supported projects in support of the CP outcomes.

Objectives and scope. In accordance with UNFPA evaluation policy, this evaluation has four main purposes: 1. demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; 2. support evidence-based decision-making; 3. identify lessons learned to expand the existing knowledge base on how to accelerate implementation of the Program of Action of the International Conference on Population and Development (ICPD); and 4. inform the formulation of the 4th UNFPA CP in support to the GoKR.The scope of the evaluation has four main components: 1) An examination of six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team (UNCT) coordination, and added value (reviewing the country office (CO) positioning within the development community and national partners) and 2) A focus on the outputs achieved through the implementation of the country program to date: to assess the UNFPA's achievements since January 2012 against intended results for 4 outcomes and 6 outputs, and the future needs of Kyrgyzstan for RHR, Youth, Gender and PD. 3) An examination of the unintended effects of UNFPA's intervention and the country office's compliance with UNFPA's Strategic Plan (SP), its relevance to national priorities and those of the UNDAF and 4) Development of a document that will help key stakeholders, including UNFPA Kyrgyzstan, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added. The CPE data collection field phase took place during the period April-May 2016. The main audience and primary users of the evaluation are the UNFPA KR CO, GoKR agencies, national institutions and local NGOs. The UNFPA Eastern Europe and Central Asia (EECA) Regional Office, UNFPA Headquarters, and the UNFPA Executive Board, UNFPA Evaluation Office and UN Agencies and other development partners will also benefit from the report.

Description of the Country Programme. The UNFPA KR CP has been developed and implemented within the context of the UNDAF 2012-2016 for Kyrgyzstan, which is guided by the goals and targets of the Millennium Declaration, as endorsed by the GoKR. In 2014, the UNDAF 2012 – 2016 was extended to align with the GoKR's National Sustainable Development Strategy 2013 – 2017. The four UNFPA KR CP focus areas are implemented in close collaboration with the KR Ministries of Health, Education, Emergencies, Labour and Social Development, the National Statistical Committee, Mandatory Health Insurance Fund, a number of well-established NGOs and other partners.

The RHR area entails four main components (Maternal and New-born Health (MNH), Family Planning (FP), Human Immunodeficiency Virus (HIV), and Sexual and Reproductive Health (SRH) in Humanitarian Settings). The CP provides technical assistance, capacity building and national strategy development in support of these components, informed by in-depth assessments and Nationally representative survey data. Working in collaboration with UNICEF, UNDP, WHO, WFP and other UN Agencies, UNFPA KR has been a key partner in the development and implementation of the MDG5 Acceleration Framework (MAF) and in the development and implementation of MDG 6 with the Joint United Nations Programme on AIDS. As part of the MAF, UNFPA KR supported the development, approval and dissemination of 12 EOC protocols, supported practical Emergency Obstetric Care

(EmOC) trainings and introduced clinical protocols by involving the Kyrgyz Medical Postgraduate Training Institute. UNFPA funded an updated effective perinatal care (EPC) package at the national level and funded EPC trainings with supportive supervision. UNFPA KR was pivotal in the roll-out of the WHO "Beyond the numbers" methodologies in KR, identifying interventions to help reduce maternal mortality based on the First Report for the CEMD in 2014. UNFPA KR has conducted a large number of trainings on FP (over 1,100 trained in more than 50 trainings as of 2016), which are guided by a series of clinical protocols based on WHO Guidelines on medical eligibility for contraceptives, including the medical eligibility criteria wheel for contraceptive use, and WHO recommendations for counselling skills and human rights, that were developed and approved by the Ministry of Health (MoH) with UNFPA support. Capacity building for CHANNEL Logistics Management Information System (LMIS) software system and the associated procurement and instalment of computers has now been completed in all 8 regions. The UNFPA KR has purchased over USD$1.4 million worth of contraceptives for vulnerable groups from 2012 to the 2014 ($879'836 for condoms and $550'351 for all other methods). At the same time, UNFPA KR staff have made strenuous efforts to encourage the MoH to start procurement of contraceptives. The UNFPA KR CO ceased new procurement from 2015 as part of their attempt to encourage national procurement. In addition, the RHR focus area has contributed to strengthening HIV and SRH linkages, including development and implementation of clinical guidelines and national strategic documents, and capacity building of service providers and community members. The UNFPA CO has also implemented MISP training to provide RHR services in humanitarian contexts, engaging key Ministries, especially the Ministry of Emergency Situations and MoH, to develop contingency plans for responding to humanitarian emergencies. MISP trainings were carried out to prepare pool of the national trainers, which have gone on to train over 400 participants. UNFPA RH and other CO focus area staff jointly contributed to sustained advocacy work that helped achieve the passage in July 2015 of the RH Law.

The Youth Focus activity areas includes the development, training and implementation of a Healthy Life Style (HLS) curriculum that is now formally mandated nationally within all Vocational Schools, the development of national youth policy documents have been approved or signed into law (2015 Reproductive Health Law) and trainings to promote Youth Friendly Health Services (YFHS). UNFPA KR has had ongoing ties with religious organizations for 15 years and has developed SRH education training programs for religious leaders working with youth in Madrasas.

The Gender and GBV area includes strong collaboration, coordination and technical support to the Ministry of Social Development/Gender Machinery in elaboration of the chapter "Access to Justice" of the National Strategy for achieving GE 2012-20 and National Action Plans for 2012-14, 2015-2017. UNFPA KR has contributed to capacity building of city mayor's offices to create a multisectoral comprehensive response to and prevention of GBV in development and humanitarian settings and provided technical support to relevant GoKR ministries and state agencies to draft sectorial-based regulations to institutionalize and integrate GBV SOPs in Emergencies. UNFPA KR 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/Violence Against Women (VAW) and girls. At the same time UNFPA strengthened the sectoral based data collection mechanism on GBV/VAW through the technical support and capacity development of relevant ministries and state agencies.

The Population and Development (PD) area includes demographic projection analysis capacity building for the Ministry of Economy and the National Statistical Committee, collaboration with the RHR and Youth areas for sustained advocacy work that helped achieve the passage in July 2015 of the RH Law, contributions to the 2012 KR Demographic and Health Survey (DHS) and 2014 MICS5 and long-term collaboration with the NSC in the preparations for and analysis of census data as well as support for a high quality revision of the NSC website to facilitate dissemination of official statistics in Russian, Kyrgyz and English.

Evaluation Approach. The CPE follows the approach mandated by the UNFPA Handbook (UNFPA October 2013) to assess the UNFPA Kyrgyzstan CP in two separate components. First, is an analysis of the UNFPA Kyrgyzstan CP Outcomes and Outputs within the four focus areas (RHR, Youth, Gender and PD). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA Kyrgyzstan CP in the country based on two criteria: UNCT coordination (with the development priorities of Kyrgyzstan, its collaboration within the UNDAF and other development agencies), and value added (comparative strengths in the country). The evaluation covers the first four and a half years of the six-year CP period (2012 to date). It focuses on the 6 outputs and 4 outcomes within the CP Results and Resources Framework that was updated in 2014 to be aligned with the UNFPA Mid Term Strategic Plan (MTSP) for 2014-2017, as well as the framework for the Kyrgyzstan UNDAF.

Methodology. The evaluation was conducted by a three-person team (international evaluation team leader, National evaluation consultant and National evaluation assistant) in two phases: development of a Design Report outside of Kyrgyzstan, March-April 2016, and the actual evaluation in Kyrgyzstan, three weeks in April 2016. The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN Evaluation Group's norms and standards. The collection of evaluation data was implemented using five main methods: 1) Desk review 2) Site visits to CP targeted areas in four regions 3) Semi-structured group and individual interviews with stakeholders 4) Group and individual follow-up interviews with former trainees in UNFPA-supported training events 5) Focus group discussions (FGDs) and exit interviews with stakeholders and client/beneficiaries. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned five evaluation activities. Limitations of the evaluation include its non-representative, qualitative nature due to small, non-random samples and low response rates for certain interview categories. All interviews were done without the presence of UNFPA staff.

Key Findings Overview - Relevance: There was evidence of relevance for all four program areas, which were consistent with national strategies and the needs of implementing partners and beneficiaries. The four program area activities were developed on the basis of assessments, nationally representative data and consultation with stakeholders and beneficiaries and were consistent with UNFPA global strategy, ICPD Program of Action, Millennium Development Goals and the UNDAF. **Effectiveness:** All four program areas achieved or are on track to meet their six output targets and have made significant progress toward achievement of their four respective outcomes. This progress is despite important challenges in the social context of the KR and some important limitations in some of the approaches used, such as within the FP component, which lacks adequate competency-based training for key clinical skills (such as IUD insertion) and has made only modest efforts at demand generation. **Efficiency:** Overall, the UNFPA KR activities implemented toward the achievement of outputs for all program areas appeared to be reasonable for the amount of resources expended. Most respondents felt that UNFPA KR has been careful to manage its funds efficiently and has achieved a great deal with a limited budget and staff. **Sustainability:** While some activities were clearly not sustainable without continued donor support, there were concrete examples of sustainable results for all program areas, especially in UNFPA KR's long-term support for capacity building through training, curriculum development and successful advocacy for policy, strategies, protocols, guidelines and laws.

Program Area Findings: UNFPA KR has made important contributions in all four areas.

RHR focus area: UNFPA support for the MAF development and implementation process succeeded with a strong assessment process, strong support for confidential audit of maternal deaths (CEMD), near miss case review (NMCR), protocol development and trainings on EmOC with supportive supervision. 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. The UNFPA CO also provides in-service training in emergency obstetric care followed by monitoring and

supportive supervision. During these supervisory visits, special attention was given to developing facility-based plans for improvement of clinical emergency obstetrics practices, identification of measurable indicators and improvement of management and team work of health facilities. Despite these efforts, however, the MMR has not yet reached the MDG5 target. 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. The KR UNCT has a well-established tradition of effective collaboration among UN Agencies for the MAF programme initiatives to accelerate MDG 5. The sharing of agency funds and expertise significantly extended the scope and impact of the MAF. Unfortunately, family planning use in KR has seriously deteriorated since 2009 and this is an important contributing factor to the failure to meet the MDG 5 target for MMR. Unmet need for FP increased by 65% from 11.6 to 19.1% between 2009 and 2014. Use of modern methods of family planning declined significantly (from 49% in 1997 to 40% in 2014). IUD remains the most popular method used, but its use also declined by 42% from 38% in 1997 to 22% in 2014.

While there is clear evidence of UNFPA KR success in implementing a large number of FP trainings, and positive findings for the expanded use of CHANNEL software programme, there are serious concerns with expiration of contraceptive supplies for vulnerable women and stock-outs without new procurement. There are currently at least one or more stock-outs in all but one Oblast (Bishkek). OCs will stock out by December 2016. All methods will stock out by 2018. There is an increasing shortage of medical staff capable of IUD insertion as many health providers with this competence are heading toward retirement. The current UNFPA-supported 4-day training program provides no practical supervised experience with actual clients for IUD insertion (direct experience inserting IUDs with at least five clients is recommended). While the current UNFPA supported FP Training includes four hours of simulation practical exercise for removal and insertion IUDs using pelvic models, this is not sufficient competency-based clinical training to permit FP providers to provide safe high quality IUD services. Many UNFPA KR indicators for the current program cycle were process measures, such as counts of numbers of persons to be trained, that were not related to the total number of and types of staff that needed to be trained. For the RHR area, for example, numerical targets were set for a) the number of healthcare providers and community members trained on family planning human rights protocols, b) the number of healthcare providers and stakeholders trained on MISP, and c) the number of healthcare providers and community members trained on family planning. These targets were set without presenting the total estimated number of persons that actually need to be trained to provide a denominator. Without a denominator, the targets are not meaningful as a measure of output achievement. The UNFPA CO worked with religious leaders and the Republic Health Promotion Centre to develop the Stepping Stones (SS) manual for religious leaders (Russian and Kyrgyz versions). This is a participatory training package, to address the Safe motherhood, reproductive health and right issues. UNFPA CO also supported the "Family Planning in the Legacy of Islam" book, which was developed in two languages (Russian and Kyrgyz). This book was approved by the Council of Ulems, a legislative authority among Muslims. UNFPA KR has been a long-term advocate for addressing the needs of key populations in its HIV programs with a special focus of strengthening HIV and SRH linkages, including family planning. UNFPA KR training 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 emergencies.

Youth focus area: UNFPA KR has been effective in promoting the design and implementation of a Youth Strategy as well as YFHS and the Healthy Life Style curricula within Vocational Education System that has high potential for sustainability. Based on stakeholder interviews, program documents, and FGDs with client/beneficiaries, UNFPA KR has achieved a long-term collaborative working relationship with KR religious leaders that is founded on mutual trust. UNFPA KR has taken the initiative to develop innovative programs to collaboration with religious institutions to provide HLS education for youth. UNFPA KR's work with religious leaders is recognized by stakeholders as an area of comparative advantage that is efficient and sustainable. The UNFPA KR support for training in YFHS has been noted as a best practice for two UNFPA-supported Reproductive Health Alliance clinics in Bishkek and Karakol, but a site visit to another UNFPA supported MoH PHC clinic showed little sign of continuity or sustained effort despite UNFPA-supported training.

Gender focus area: Although the Statute on a multisectoral coordination body in response to GBV in Emergency has not been endorsed yet (however, it has been included in the National Action Plan 1325 (2015-17)), there is evidence that UNFPA has succeeded informing a gender-sensitized team of representatives of governmental and non-governmental organizations. The UNFPA-supported Gender Transforming Programming has mobilized an active number of men and boys, who continue their work promoting involved fatherhood and caregiving on voluntary basis. While work on gender and GBV with religious groups holds promise, in-depth interviews with religious leaders demonstrated that partners mostly rely on Islamic texts when referring to GE and GBV issues and that some partners have discriminatory views on the position of women in society. UNFPA KR Gender program has provided a long term technical support to the Gender Machinery/Ministry of Social Development in elaboration of the National Action Plans for GE 2012-14, 2015 -17, which resulted in the inclusion of the Objective to develop a system of functional education in parenting/child care, SRH among teenagers. This in turn, served to be a strong basis for the implementation of the Gender Transformative Programming activities by UNFPA Gender program. The UNFPA KR Gender program has provided a long term technical support to the Gender Machinery/Ministry of Social Development in elaboration of the National Action Plans for GE 2012-14, 2015 -17 which resulted in the inclusion of the Objective to develop a system of functional education in parenting/child care, SRH among teenagers. This in turn, served to be a strong basis for the implementation of the Gender Transformative Programming activities by UNFPA Gender program.

PD focus area: The UNFPA KR PD staff has provided effective long-term support to key PD stakeholder institutions, including the development of enhanced capacity for population projections within the Ministry of Economy, which has potential to be shared with other key Ministry departments. The 2012 KDHS should be replicated every ten years, but, with the phase out of USAID support for SRH in KR, it is not clear if or when another KDHS will be implemented. Despite serious constraints over several years, UNFPA KR PD staff helped other UNFPA KR focus area staff (RHR and Youth) to secure the passage of the Reproductive Health Law in 2015 through long-term support for a network of stakeholders. The PD staff has demonstrated a long-term commitment to assisting the NSC in the preparation, collection, analysis and dissemination of the National census and has been pro-active in planning and advocating for resources for the next census on 2020.

United Nations Country Team Coordination: There is strong evidence of active and effective UNCT collaboration by the UNFPA KR. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality. Stakeholders expressed strong approval for the collaborative approach taken by UNFPA KR, pointing out that the KR UNCT is among the most successful of the CIS region countries in working effectively on joint programmes. UNFPA KR team members chair four of the UNCT working groups (UN Youth Theme Group, UN IT Group, MAF Action Plan MCH component Chair, and UN CPT Group).

Added Value: UNFPA Kyrgyzstan is perceived favourably for its long-term ties to national counterparts, as a reliable partner for all four program areas and a highly effective policy advocate. Among the four program areas, the most frequently cited areas of value added were RH, FP and Gender. UNFPA KR is also perceived an important resource for data, demography and aging issues. One of the frequently mentioned comparative advantages of UNFPA was that the organization has developed close partnership with such "non-traditional" stakeholders as religious leaders; stakeholders see this as a valuable innovation.

Strategic Level Conclusions: A nation-wide multi-sectoral approach to family planning is urgently needed to reverse negative trends in contraception use and improve maternal mortality in KR. UNFPA KR has an effective policy advocacy capacity in collaboration with national stakeholders; working with a wide range of stakeholders has ensured successful advocacy. Some UNFPA KR indicators were developed without adequate attention to establishing denominators that are needed to provide a basis for the determination of targets. These indicators without denominators lack validity as measures of achievement of Output activities. Given the decline in donor support for KR health programmes, UNCT and development partner collaboration will become increasingly important, especially when required to

focus on nation-wide initiatives oriented at the community level. Given the current context of a growing trend toward religious conservativism, UNFPA KR's long-term experience in working collaboratively with religious leaders on RH/Family Planning, Gender and GBV and youth will become increasingly important. UNFPA KR has developed strategies and policies on the basis of high quality assessments and nationally representative data, which contributed to their relevance and effectiveness.

Recommendations at the Strategic Level: UNFPA needs to devote a much greater proportion of its budget to support a national FP strategy for the next program cycle in order to address key gaps in supply, availability of competent clinical staff and community-level demand creation. UNFPA KR should consolidate and expand its work with parliamentarians and resource experts in policy advocacy efforts and competencies to maintain a favourable legal climate for SRH, Youth and Gender activities. The next UNFPA KR program cycle needs to have a strategic vision that sets short and long-germ goals based on needs assessments that clearly define denominators for key program objectives. UNFPA KR should explore all possible avenues for joint programme activities with other UN Agencies, such as UNICEF, WHO and UN Women, and UNAIDS in support of GoKR programme priorities. Special consideration should be given to major joint programme initiatives at the community level that address common objectives in MNBH and FP. UNFPA KR should continue to work with religious leaders in promoting ICPD issues and UNFPA mandate in the country. UNFPA KR should continue to support evidence-based policy formulation (research, assessments, monitoring) in all four areas of UNFPA mandate in the next program cycle.

Program Area Conclusions:

RHR: Despite major concerted efforts and compelling evidence of improved practices that are the direct result of the interventions (such as improved anaesthesia practices), the MDG5 for MMR has not yet been achieved. EPC has demonstrated potential to improve perinatal outcomes in Talas and is a promising model to expand to other Oblasts. Urgent action is needed now to avoid serious disruption of supply for FP methods with limited pipelines. The current UNFPA FP training protocol fails to address the shortage of competent staff capable of IUD insertion at a time when contraception use has been declining and unmet need is increasing. In a period of growing religious conservatism combined with a trend toward a higher proportion of new HIV cases due to sexual transmission, UNFPA KR program implementation and advocacy for key populations will be increasingly important. UNFPA KR's support for SRH in humanitarian programming has provided a basis for sound proactive preparation for meaningful collaboration in times of humanitarian emergency. The UNFPA CO (RHR, Youth and PD) successfully advocated for the passage of the Reproductive Health Law in 2015 through a strategic participation in a network of stakeholders.

Youth: UNFPA KR support for the development of a youth strategy and the approval and roll-out of the HLS curriculum in the Vocational Education programme offer good potential for sustainable and effective efforts to reach youth on SRH issues. The high quality Youth Forum Theatre is an excellent model for a participatory youth educational intervention. Based on site visits and results from a recent 2016 UNFPA Evaluation Report on UNFPA KR youth programmes, NGO supported clinics that implement YFHS appear to be more successful in reaching youth compared to MoH facilities.

Gender: The development of a multisectoral and interagency coordination mechanism has potential for addressing other GBV issues, including domestic violence, early marriages and bride-kidnapping. Although Talas region has the lowest level of fathers' involvement in child upbringing, there is the network of motivated fathers, who are capable of acting as reliable partners in the implementation of program activities. There is a potential risk of a conflict of women rights from constitutional and religious perspectives since some religious norms and beliefs appeared to reinforce gender stereotypes and are counterproductive to gender equality.

PD: The UNFPA PD investment in capacity building for demographic projections and related PD training is a highly appropriate use of limited UNFPA KR PD resources, especially if it could be institutionalized within a Kyrgyz academic institution. This enhanced capability has a potential to inform

economic and social policy on consequences for changing population structure in KR. The phase-out of USAID support for SRH in the KR may jeopardize the repeat of the next KR DHS at ten years following the 2012 KDHS; this would result in a serous gap in SRH data needed for UNFPA KR monitoring and evaluation activities. Technical assistance and support for the census is an area, where UNFPA KR has demonstrated a long-term role in support of the NSC, has credibility among the UNCT and is perceived to have a comparative advantage compared to other development partners.

Program Area Recommendations:

RHR: UNFPA KR should continue its support for MAF, CEMD, NMCR, EmOC and EPC trainings with supportive supervision as a combined effort with the UNCT in all Oblasts.UNFPA KR should provide assistance to the MOH to make the existing State Guaranteed Benefit Package (SGBP) mechanism for ensuring access to contraceptives fully functional.UNFPA KR should pay more attention to practical aspects of the FP training to ensure competency-based in-service training for essential clinical skills for all FP cadre (Nurses, Midwives, Ob/gyns/Family Doctors). UNFPA KR should support improved competency-based FP training for practicing midwives of the Medical colleges and trained teachers of the Medical Colleges. UNFPA KR should continue to focus on key populations, including young key populations. This may include rolling out of tools (SWIT, MSMIT and TRANSIT) on implementing comprehensive HIV and STI programmes with sex workers, men who have sex with men, transgender people as part of HIV combination prevention programmes. UNFPA KR should consolidate MISP work by ensuring that contingency plans are well rehearsed and the procedures to get access MISP commodities are fully worked out and pre-tested.

Youth: UNFPA KR should invest efforts to support, monitor and evaluate the implementation of HLS in Vocational Education System, while working to encourage mandatory use of HLS curriculum within secondary schools. UNFPA KR should continue to support high quality evidenced-based technical support to religious institutions, such as training for teachers in Madrasas and translation of materials. The country office should promote innovative approaches to reach out youth, such as Forum Theatre, for in the next program cycle. UNFPA KR needs to continue work with the MoH and develop mechanisms to ensure sustainability of YFHS at the PHC level.

Gender: UNFPA KR should continue lobbying for the endorsement of the Statute on a multisectoral coordination body in response to GBV in emergency. It should support the development of the Statute on a multisectoral coordination body in response to domestic violence (using the experience of pilot projects in Bishkek, Osh and Djalal-Abad), early marriages and bride-kidnapping. The UNFPA CO needs to continue developing evidence-based and human-rights-based programs on men's and boys' involvement in promoting gender equality and promoting SRH in the next program cycle. It should also continue strengthening sectoral based/administrative data collection mechanisms on GBV/VAW and girls.

PD: UNFPA KR should prioritize support for capacity building to maintain and deepen expertise on demographic projections within the MoEc and related Agencies and assess the feasibility for institutionalizing academic excellence in demographic projections within Bishkek Universities. UNFPA KR should maintain its role as a key demographic technical resource for the NSC by supporting preparations for the next census that will take place in 2020. UNFPA KR should proactively assess the feasibility of replicating the next KR DHS by 2022 in the absence of USAID support.

Acknowledgements

The authors wish to acknowledge with sincere thanks the many staff members from the various Government of Kyrgyzstan Ministries and related institutions, the UN collaborating Agencies, development partner agencies and a wide range of NGOs for providing time, resources and materials to permit the development and implementation of this evaluation. We appreciate the participation of members of the Evaluation Reference Group, especially those, who took time to attend briefings and provided comments. We are particularly grateful to the UNFPA Kyrgyzstan staff members, who, despite a very heavy load of other pressing commitments, were so responsive to our repeated requests, often on short notice. We would also like to acknowledge the many other Kyrgyzstan stakeholders and client/beneficiaries and the dedicated staff at the primary health care level, who helped the implementation of this evaluation despite their busy schedules. It is the team's hope that this evaluation and recommendations presented in this report will contribute to a firm foundation for future UNFPA Kyrgyzstan supported programs in collaboration with the Government of Kyrgyzstan. Finally, we would like to acknowledge the extremely helpful, cheerful and energetic assistance of Ms. Cholpon Aitakhunova, who provided tremendous administrative and logistical support for the entire evaluation.

Disclaimer

This evaluation report was prepared by a team of two Consultants: Sam Clark, International Consultant Evaluation Team Leader, and Mehrigiul Ablezova, National Evaluation Consultant. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Board or member states.

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Abbreviations

AFPPD	Asian Forum of Parliamentarians on Population and Development
AIDS	Acquired Immune Deficiency Syndrome
AR	Assistant Representative
ASRH	Adolescent Sexual and Reproductive Health
ATLAS	Automatically Tuned Linear Algebra Software
AWP	Annual Work Plan
CC	Cervical Cancer
CDC	Centres for Disease Control
CEDAW	Committee on the Elimination and Discrimination Against Women
CEMD	Confidential Enquiry into Maternal Death
CME	Continuing Medical Education
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
CSE	Comprehensive Sexuality Education
CSS	Contraceptive Security Strategy
DHS	Demographic and Health Survey
DV	Domestic Violence
EA	Evaluation Assistant
EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office
EM	Evaluation Manager
EO	Evaluation Office
EmOC	Emergency Obstetric Care
EPC	Effective Perinatal Care
ERG	Evaluation Reference Group
EU	European Union
EUROSTAT	Statistical Office of the European Communities
FGD	Focus Group Discussion
FP	Family Planning
GDP	Gross Domestic Product
GIZ	German Society for International Cooperation, Ltd.
GNI	Gross National Income
GBV	Gender Based Violence
GE	Gender Equality
GoKR	Government of Kyrgyz Republic
HBSC	Health Behaviour in School-Aged Children
HCP	Health Care Provider
HDI	Human Development Index
HII	Health Insurance Institute
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus

ICETL	International Consultant Evaluation Team Leader
ICPD	International Conference on Population and Development
IP	Implementing Partner
PWID	People who inject drugs
KDHS	Kyrgyzstan Demographic and Health Survey
KR	Kyrgyz Republic
LGBT	Lesbian Gay Bisexual Transgender people
LMIS	Logistics Management Information System
LSE	London School of Economics
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MHIF	Mandatory Health Insurance Fund
MICS	Multi Indicator Cluster Survey
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoE	Ministry of Education and Science
MoEc	Ministry of Economy
MoH	Ministry of Health
MSM	Men Who Have Sex With Men
MTR	Mid Term Review
NEC	National Evaluation Consultant
NGO	Non-governmental Organization
NMCR	Near Missed Case Review
NSC	National Statistical Committee
ODA	Official Donor Assistance
OECD	Organization for Economic Cooperation and Development
OMT	Operations Management Team
PBF	Peace Building Fund
PD	Population and Development
PHC	Primary Health Care or Primary Health Centre
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
QoC	Quality of Care
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RR	Reproductive Rights
SBCC	Social Behaviour Change Communication
SDGs	Sustainable Development Goals
SGBP	State Guaranteed Benefit Package
SOW	Scope of Work
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases

STI	Sexually Transmitted Infection
SW	Sex Worker
SWAp	Sector Wide Approach
TAR	Total Abortion Rate
TFR	Total Fertility Rate
TMA	Total Market Approach
TOR	Terms of Reference
ToT	Training of Trainers
UBRAF	Unified Budget Results and Accountability Framework
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	UN Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USSR	Union of Soviet Socialist Republics
WAVE	Women Against Violence Europe
WB	World Bank
WHO	World Health Organization
YFHS	Youth Friendly Health Service
VAW	Violence Against Women
VHC	Village Health Committees

KEY FACTS TABLE FOR KYRGYZSTAN

Land	
Geographic location	Kyrgyzstan is a landlocked country located in central Asia. It is bordered by Kazakhstan to the north, Uzbekistan to the west, Tajikistan to the south west and China to the east.
Land area	191,548 km[1]
Terrain	The terrain of Kyrgyzstan is dominated by the Tian Shan and Pamir mountain systems, which together occupy about 65% of the national territory. The Alay range portion of the Tian Shan system dominates the southwestern crescent of the country, and, to the east, the main Tian Shan range runs along the boundary between southern Kyrgyzstan and China before extending farther east into China's Xinjiang Uygur Autonomous Region. Kyrgyzstan's average elevation is 2,750 meters, ranging from 7,439 meters at Peak Jengish Chokusu to 394 meters in the Fergana Valley near Osh. Almost 90% of the country lies more than 1,500 meters above sea level.
People	
Population as of 01/01/2016 in thousand	6 019,5 [2]
Urban population 01/01/2016 in thousand	2 029,5 [2]
Population Growth Rate in 2015	2,1% [3]
Government	
Government	Republic
% of seats held by women in Parliament	Shares in Jogorku Kenesh (Parliament), female-male ratio 0.217 [4]
Economy	
GDP per capita PPP US$ in 2015 (est.)	$3,400 [5]
GDP Real Growth rate in 2015 (est.)	2% [5]
Main industries	Agriculture, energy and mining
Social indicators	
Human Development Index Rank in 2014	Index 0.655 Rank 120th (2014) [6]
Unemployment 2014	8% [2]
Gender Inequality Index	0.353 Rank (2014) 67 out of 188 [18]
Life expectancy at birth in 2015 (est.)	70.36 years [5]
Under-5 mortality (per 1000 live births) in 2015	21 [7]
Maternal mortality ratio (deaths of women per 100,000 live births) in 2015	76 [8]
Health expenditure (% of GDP) in 2015	13.8 [9]
% of births attended by skilled health personnel	98.4 [10]
Adolescent fertility rate (births per 1000 women aged 15-19) in 2014	40 [11]
Contraceptive prevalence (% of women ages 15-49) in 2014	42% [12]
Unmet need for family planning in 2014	19.1% of currently married women [13]
% of people living with HIV, 15-49 years old in 2014	0.3 [14]
HIV prevalence among pregnant women	0.4% [19] 2014
HIV prevalence among people who inject drugs (PWID)	12.4% (2013) [20]
Adult literacy (% aged 15 and above)	99.2% [15]
Gross enrolment ratio, primary, gender parity index (GPI) in 2013	0.98 [16]
Millennium Development Goals (MDGs): Progress by Goal [17]	
Goals	Progress assessment
1 Eradicate Extreme Poverty and Hunger	Successful
2 Achieve Universal Primary Education	Less likely
3 Promote Gender Equality, Empower Women	Less likely
4 Reduce Child Mortality	Likely
5 Improve Maternal Health	Not achieved
6 Combat HIV/AIDS, Malaria, other Diseases	Less likely
7 Ensure Environmental Sustainability	Likely
8 Develop Global Partnership for Development	Lack of target benchmarks on several indicators prevents a conclusion being drawn on the attainability of MDGs on the whole.
[1] Worldmeters database available at http://www.worldometers.info/world-population/kyrgyzstan-population/ [2] Online database of the National Statistical Committee of Kyrgyz Republic http://www.stat.kg/ru/statistics/	

[3] National Statistical Committee of Kyrgyz Republic. 2016. Population growth rate remains high in Kyrgyz Republic http://www.stat.kg/ru/news/v-2015g-sohranyalsya-vysokij-prirost-chislennosti-naseleniya-kyrgyzskoj-respubliki/
[4] Jogorku Kenesh Press.2015. Jogorku Kenesh in numbers and facts. http://www.kenesh.kg/RU/Pages/ViewNews.aspx?id=8&NewsID=26162
[5] CIA World Factbook https://www.cia.gov/library/publications/the-world-factbook/geos/kg.html
[6] Human Development Indicators, UNDP. http://www.hdr.undp.org/en/countries/profiles/KGZ
[7] Levels and trends in child mortality. 2015. http://www.childmortality.org/files_v20/download/IGME%20report%202015%20child%20mortality%20final.pdf
[8] World bank. 2015. http://data.worldbank.org/indicator/SH.STA.MMRT
[9] Ministry of finance. 2015. http://www.kabar.kg/upload/file/%D0%93%D1%80%D0%B0%D0%B6%D0%B4%D0%B0%D0%BD%D1%81%D0%BA%D0%B8%D0%B9%20%D0%B1%D1%8E%D0%B4%D0%B6%D0%B5%D1%82%20%D0%BD%D0%B0%202016%20%D0%B3%D0%BE%D0%B4_copy_copy.pdf
[10] UN data. http://data.un.org/Data.aspx?d=MDG&f=seriesRowID%3A570
[11] World bank. 2015. http://data.worldbank.org/indicator/SP.ADO.TFRT
[12] Kyrgyzstan MICS 2014.
[13] Kyrgyzstan MICS 2014.
[14] World bank. 2015. http://data.worldbank.org/indicator/SH.DYN.AIDS.ZS
[15] Kyrgyz Republic Population and Housing Census (2009).
[16] World bank. 2015. http://data.worldbank.org/indicator/SE.ENR.PRIM.FM.ZS
[17] file:///C:/Users/Admin/Downloads/KGZ_Third_MDG_Progress_Report_2014_ENG%20(1).pdf
[18] http://hdr.undp.org/en/composite/GII
[19] Country Progress report on HIV for 2014
http://www.unaids.org/sites/default/files/country/documents/KGZ_narrative_report_2015.pdf
[20] WHO 2015. HIV Programme Review in Kyrgyzstan Evaluation Report December 2014

CHAPTER 1: Introduction

1.1. Purpose and objectives of the country programme evaluation

The overall purpose of this Country Programme Evaluation (CPE) is to conduct an independent end of program cycle evaluation of the UNFPA's third Country Program of Assistance to the Government of the Kyrgyz Republic as a part of its work plan (CPE Terms of Reference (TOR) Kyrgyzstan 12/12/15)). In accordance with UNFPA evaluation policy, this evaluation has the following main purposes: 1. demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; 2. support evidence-based decision-making; 3. identify lessons learned to expand the existing knowledge base on how to accelerate implementation of the Program on Action of the International Conference on Population and Development; and 4. inform the formulation of the 4th Country Program of UNFPA support to the Government of the Kyrgyz Republic.

The overall objectives of the CPE are to:
a. Provide the UNFPA country office in the Kyrgyz Republic, national stakeholders, the UNFPA Regional Office, UNFPA headquarters as well as the wider audience with an independent assessment of the progress of the country program towards the expected outputs and outcomes set forth in the results framework of the country program;
b. Assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current country program;
c. Provide an analysis of how the country office has positioned itself to add value in an evolving national development context.
d. Draw key lessons from past and current cooperation and provide a set of clear and forward looking recommendations leading to strategic and actionable recommendations for the new program cycle.

1.2. Scope of the evaluation

The scope of the evaluation includes:

1) An examination of the six criteria: relevance, effectiveness/coherence, efficiency, sustainability, United Nations Country Team Coordination, and added value (reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results).
2) A focus on the outputs achieved through the implementation of the country program to date: to assess the UNFPA's achievements since January 2012 against intended results for 4 outcomes and 6 outputs, and the future needs of Kyrgyzstan for Reproductive Health and Rights (RHR), Youth, Gender Equality (GE) and Population and Development (PD).
3) An examination of the unintended effects of UNFPA's intervention and the country office's compliance with UNFPA's Strategic Plan (SP), its relevance to national priorities and those of the UNDAF, as well as the extent to which the current country program, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date.
4) Development of a document that will help key stakeholders, including UNFPA Kyrgyzstan, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

The field work for the evaluation took place during the period April-May 2016 and covers the Kyrgyzstan Country Programme (CP) from 2012 to the present. As outlined in the TOR, the main audience and primary users of the evaluation are the UNFPA Kyrgyzstan country office, the Government agencies, national institutions and local NGOs. The UNFPA Eastern Europe and Central Asia (EECA) Regional Office, the UNFPA Headquarter, and the UNFPA Executive Board, UNFPA

Evaluation Office and UN Agencies and other development partners will also benefit from findings, conclusions and recommendations of the evaluation report.

1.3. Methodology and Process

Overview: The collection of evaluation data was carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus groups, where feasible. The analysis is based on triangulating information obtained from various stakeholders' views, as well as with secondary data and documentation reviewed by the team.

The evaluation has followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and is guided by the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation, at www.unevaluation.org/ethicalguidelines.

The evaluation is based on five main activities:

1. Desk review of documents and financial and other pertinent program data;
2. Site visits to UNFPA targeted areas;
3. Semi-structured group and individual interviews with stakeholders (including national counterparts, implementing partners and development partners);
4. Follow-up interviews with trainees in UNFPA supported training events;
5. Focus group discussions and client exit interviews with stakeholders and client/beneficiaries.

Stakeholder Involvement: Meetings were held with key stakeholders, in particular, an evaluation reference group (ERG). As outlined in the TOR, ERG was made up of representatives from the UNFPA CO, UNFPA regional office, national counterparts, appropriate ministries, civil society organizations, development partners as well as implementing agencies and youth representatives. The primary functions of the ERG were to advise on the drafting of the TOR, provide relevant information and documentation, facilitate access to key informants and provide feedback on the content and quality of the CPE report.

Selection of Program Sites: Visits were made to implementation agencies at the National and regional level; selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries among four Kyrgyzstan regions: Bishkek City, Osh Oblast, Osh City and Talas Oblast. The selection of programme sites was informed by a mapping of program activities by focus area (see Annex 7). The primary criteria for site selection were to maximize programme coverage and geographical representation for all four focus areas in as many regions as feasible within the evaluation time constraints. See the attached site visit schedule and listing of stakeholders interviewed in Annex 3a and 3b.

Desk Review and synthesis by the Four Outcomes per Outcome/output Matrices: The Desk review addressed each of the four Country Program Action Plan (CPAP) Outcomes with an assessment of the respective outputs and activities within each Outcome. The desk review was based on the Evaluation TOR criteria for the two evaluation components: 1) the analysis by focus areas (Relevance, Effectiveness, Efficiency, and Sustainability) and 2) the analysis of the CPAP's positioning (Coordination with the UNCT and Added value). This desk review was implemented using a criteria matrix that covers the key activities for each output (See Annex 5).

Stakeholder Interviews with semi-structured questionnaire based on the Evaluation TOR criteria: The interviews were conducted with a consistent set of precautions for informed consent and confidentiality. See attached draft instruments in Annex 6 and the site visit planning calendar (Annex 3) As needed, all interviews done in English or Russian, Kyrgyz, Uzbek with translation. As outlined in the section on the development of the sampling frame in the Design Report, a purposive selection was

made of key informants, with an attempt to achieve a balance according to regions and focus area (a copy of the sampling plan is shown below in Table 1.A). In addition, key informants were selected from donor agencies and UN Agencies. As shown in Table 1.A, the target was for a total of 70 interviews. As shown below in Table 1.B, a total of 78 interviews and meetings were conducted. Because several interviews had more than one respondent present, there was a cumulative total of 142 participants, of whom 78% were women.

Table 1. A. Planned sample of stakeholder interviews by Region and Type of Stakeholder

Type of stakeholder	City of Bishkek	Osh oblast	City of Osh	Talas oblast	Total
RH/MCH/FP/HIV Implementers	3	3	3	3	12
Youth Implementers	3	3	3	3	12
GE Implementers	3	3	3	3	12
PD Implementers	3	3	3	3	12
Donor Agency staff	6	NA	NA	NA	6
UN Agency staff	6	NA	NA	NA	6
UNFPA Staff	10	NA	NA	NA	10
Total	34	12	12	12	70

Table 1. B. Achieved sample of stakeholder[1]interviews by Region and Type of Stakeholder

Type of stakeholder	City of Bishkek	Osh[2]	Talas oblast	Total
RH/MCH/FP/HIV Implementers	18	6	9	33
Youth Implementers	2	1	1	4
GE Implementers	8	1	0	9
PD Implementers	8	2	0	10
Donor Agency staff	5	0	0	5
UN Agency staff	7	0	0	7
UNFPA Staff	10	0	0	10
Total Interviews/meetings	58	10	10	78
Total Participants	102 (78 Female, 24 Male)	12 (10 Female, 2 Male)	28 (23 Female, 5 Male)	142 (111 Female, 31 Male)

Training Follow-up Assessment: With the kind assistance of UNFPA Kyrgyzstan, a data base was developed for all training events sponsored by the CPAP in the last four years (See Annex 8). This data base covers 257 trainings attended by 6,235 persons (87% of trainees were women: 5,427 women, 808 men). A purposive sample of training activities was selected from this data base to achieve balance on trainings conducted within the four focus areas (RHR, Youth, GE and PD) in major training category areas. The participants from specific UNFPA-supported trainings were asked to gather in homogeneous groups (one group for each training) in suitable meeting locations in each oblast. To save time, these participants in UNFPA-supported trainings were interviewed in small groups using a standardized anonymous self-administered questionnaire (SAQ). After all, participants completed the SAQ, there was a debriefing that followed a standard discussion guide. This debriefing discussion guide probed for gaps in training, preferred training approaches and recommendations for future UNFPA supported trainings. Per the design report, the target sample size was proposed to be 48 completed interviews with a reasonable balance across the four focus areas, with the caveat that a minimum of 20 were to be completed (See Table 2). As shown in Table 2, training follow-up interviewees attended sessions, which met the overall target but was not distributed evenly by focus area (they completed a total of 51 SAQs, which were tabulated in MS Excel). Over 80% of these respondents were women. The SAQ was developed with a consistent set of precautions for informed consent and confidentiality with questions

[1] The allocation of interviews by program area is somewhat subjective as some interviewees were knowledgeable about multiple program areas. Therefore the allocation shown in this table is an approximation and is not precise. As shown above in Table 1.B, excluding the outbriefing meeting with UNFPA KR and the ERG there were a total of 78 interviews with a total of 142 respondents of whom 111 were female and 31 were male.

[2] The initial sampling designed assumed four areas, but for the purpose of this report Osh oblast and City of Osh are combined into one area, Osh, to simplify the presentation of results.

to assess the extent to which trainees are still working in their respective focus area, and still are using the skills they learned (See Annex 6). Research team members administered the interviews and were available to answer questions if participants needed clarification on questions. The SAQs were translated into Russian and Kyrgyz. As needed, the debriefing discussions were carried out with translation.

Table 1.Planned versus Achieved Training Follow-up Interviews by Region and Focus Area

Planned Focus area of trainee	City of Bishkek	Osh oblast	Talas oblast	Total
RH	3	6	3	12
Youth	3	6	3	12
GE	3	6	3	12
PD	3	6	3	12
Total	12	24	12	48

Achieved Focus area of trainee	City of Bishkek	City of Bishkek	Osh oblast	Osh oblast	Talas oblast	Talas oblast	Total	Total	Total
	Female	Male	Female	Male	Female	Male	Female	Male	Combined
RH	6	0	5	0	0	0	11	0	11
Youth	3	0	0	1	0	7	3	8	11
GE	11	1	0	0	8	0	19	1	20
PD	5	0	4	0		0	9	0	9
Total	25	1	9	1	8	7	42	9	51

Client/Beneficiary Interviews and Focus Group Discussions (FGDs): Up to 32 interviews were to be conducted with client/beneficiaries of activities conducted within each of the four focus areas(See Table 3.A below).[3] These interviews were designed to assess client satisfaction with the services they have received from implementing agencies working within each of the four focus areas. See the draft interview questionnaire in Annex 6. Unfortunately, due to the time constraints, it was only feasible to collect nine client/beneficiary interviews from four health service delivery sites (two FP Cabinets, one in Osh and one in Talas; two birth preparedness programs, one in Talas and one in Bishkek). This met target for RH exit interviews, but completely missed the target for the remaining three areas. All these respondents were female.

Table 3. A. Planned versus Achieved Client/Beneficiary Interviews by Region & Focus Area

Table 3-A. Planned versus Achieved Client/Beneficiary Interviews (All achieved interviews were with female respondents)				
Program area	City of Bishkek	Osh	Talas oblast	Total Clients
RH Planned	2	4	2	8
RH Achieved	2	3	4	9
Youth Planned	2	4	2	8
Youth Achieved	0	0	0	0
GE Planned	2	4	2	8
GE Achieved	0	0	0	0
PD Planned	2	4	2	8
PD Achieved	0	0	0	0
Total Planned	8	16	8	32
Total Achieved	2	3	4	9

[3] As explained in the Design Report, the minimum target sample size was for twenty completed interviews with a reasonable balance across the four focus areas. This target clearly was not achieved.

FGDs: Using tailored FGD Guides, four FGDs were conducted (with from 5 to 11 participants each) with beneficiaries from two of the four program areas, RH and Gender (See Table 3.B and Annex 6). The evaluation team worked closely with UNFPA CO staff to identify suitable opportunities to arrange FGDs in each of the regions visited, attempting to get at least one FGD for each program area. Despite repeated efforts, due to logistical problems and unavailability of client beneficiaries at the times the team was visiting different regions, it was not feasible to set up FGDs for youth and PD respondents. The team met the target for a total of four FGDs but failed to get coverage in all four program areas.

Table 3. B. Planned versus Achieved FGDs by Region and Focus Area

Table 3-B. Planned versus Achieved Focus Group Discussions				
Program area	**Planned No of FGDs**	**Achieved No of FGDs**	**Target Group**	**Target Group**
RHR	1	2	5 Female clients (people, who use/inject drugs) of Community Centre of NGO "Podruga", Osh	7 female Participants in birth preparedness school FMC # 10 in Osh
Youth	1	0		
GE	1	2	11 Female Participants in Happy fatherhood campaign in Talas	5 Male Participants in Happy fatherhood campaign in Talas
PD	1	0		
Total	4	4		

1.3.1. Selection of the sample of stakeholders

Intensive effort was made to ensure that a wide range of stakeholders were consulted during the CPE, with a good balance for each of the activities within all four of the CP focus areas at the Regional, District level and below. The criteria used on selecting the areas for field work included a detailed mapping of UNFPA KR programme activities by area (shown in Annex 7) and an effort to give extra attention to the larger programme area components, especially RHR. Based on the attached stakeholder framework developed in consultation with UNFPA Kyrgyzstan, the sample of stakeholders, while purposive and non-random, provided a reasonable range of information and perceptions among most of the implementing agencies (See the Site visit Planning Schedule and the listing of stakeholders interviewed in Annex 3).

1.3.2 Addressing gender, human rights and vulnerability

The design report for this evaluation did not have explicitly stated objectives to address gender, human rights and vulnerability. These methodological considerations were nonetheless addressed to some extent throughout the evaluation. Gender aspects were addressed in several ways. For example, in addition to the sub-section discussing the UNFPA CO Gender and GBV programme activities, the sampling of stakeholders was developed to achieve a balance representation of women and men in selecting beneficiaries for interview and focus group discussion. Gender disaggregated data are presented where possible. In addition, a separate sub-section was added to discuss gender as a cross cutting issue (See Section 5.3 below. It was beyond the scope of this evaluation to elaborate on human rights and vulnerability). In addition to protecting the rights of human subjects as part of the evaluation methodology, the evaluation addressed rights issues as part of the assessment of UNFPA CO advocacy for RH laws and policy, such as the RHR activities to training FP staff with WHO FP rights based counselling protocols. The evaluation site visit schedule and stakeholder interviews, FGDs and client exit interviews attempted to reach vulnerable beneficiaries from marginalized groups e.g. injecting drug users, sex workers with limited success. This was done despite the relatively low level of programme investment/intervention in this area. Efforts were made to identify remote low-income rural health centres for site visits, but the site-visit schedule was too tight to permit the long travel times to reach these areas.

1.3.3. Availability assessment, limitations and risks.

Limitations and possible biases of the approach: In view of the critical need to ensure that an adequate number of stakeholder interviews were completed in each region, targets for some other types of respondents were not met. While it was possible to complete the desired number of training follow-up interviews and FGDs, the team did not achieve the desired balance by region and program area. In addition, only nine client/beneficiary interviews were conducted for the RHR programme area, with no interviews in the other three areas. There are other important limitations in the methods. First, due to time and resources it will not be feasible to collect representative samples. While there was some opportunity for a randomization process for the training follow-up interviews, all other samples were purposive and not truly representative of the target populations of stakeholders, trainees and client/beneficiaries. The evaluation is inherently qualitative in nature due to the small, non-random sample sizes. The short time frame permitted to field the evaluation (just three weeks in country) was the main cause of the low response rates for certain interview categories. As explained above, the important cross-cutting aspects of gender, human rights and vulnerability were not adequately considered in the development of the design for the evaluation, but they were nonetheless addressed to a limited extent as part of the field work and analysis. There are possible biases in the selection of respondents, due to the fact that locations were selected by the evaluation team on a purposive non-random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any UNFPA staff present.

Despite the above mentioned limitations and potential biases, the evaluation team was able to mitigate these constraints by triangulating a wide range of qualitative and secondary data. For example, the team was able collect additional pertinent information on client/beneficiaries using training follow-up interviews and focus group discussions with important client populations, including female PWIDs, trainers of youth in religious organizations, clients of birth preparedness programs, and participants in a community-focused program to promote responsible and supportive fatherhood. Where feasible, diverse current data sources were consulted, ranging from nationally representative survey data to Oblast and Rayon-level data for maternal and neonatal health.

CHAPTER 2: Country Context

2.1. Kyrgyzstan Context

The Kyrgyz Republic was one of the fifteen republics of the former USSR. It gained its independence after the collapse of the Soviet Union in 1991. The disintegration of the USSR resulted in significant transformations in political, economic and social systems of the country and the transition from authoritative planned economy to democracy and market economy. The Kyrgyz Republic is characterized by complex socio-political environment. During the period of 2000-2010 it has experienced a series of political and social unrests. Six people died and the Prime Minister and cabinet changed as a result of the clash with opposition in 2002. The Tulip Revolution in March 2005 resulted in the ousting of former president Askar Akaev and his successor, Kurmanbek Bakiev, who was chased into exile in April 2010. In June 2010 violent ethnic clashes in southern regions led to 2,000 deaths, 10,000 serious injuries, and 100,000 displaced.[4] Such political and social turmoil together with ineffective governance and high level of corruption have hindered economic growth and poverty reduction. The same year, based on referendum results, several amendments was introduced to the Constitution that limit the power of the presidents. This change in administrative system made Kyrgyzstan Central Asia's first parliamentary republic. The last Parliament elections took place in October 2015, where 6 political parties were elected to the Parliament.

The population of the Kyrgyz Republic of about 6 million[5] is young: about half of population is under the age of 25. This is a great potential and opportunity for the country's development representing a window of opportunity for a demographic dividend. The population of the Kyrgyz Republic faces high rates of unemployment, poverty, internal and international migration. Due to historical ties and common language, Russia is the biggest recipient of migrants from the country. The second biggest recipient country is Kazakhstan.

Administratively, the territory of the Kyrgyz Republic is divided into seven oblasts and two cities. Osh oblast, Djalal-Abas oblast, Batken oblast, and the city of Osh are located in the southern part of the country and Chui oblast, Talas oblast, Naryn oblast, Issyk-Kul oblast and the capital city of Bishkek are located in the north. Each oblast is further broken down into district areas called rayons. There are 40 rayons, 31 towns, 9 semi-urban and 455 rural settlements in Kyrgyzstan.

Kyrgyzstan is the second-poorest country in the Europe and Central Asia region, with about 30.6% of the population living in poverty and 1.2% - in extreme poverty in 2014. While the Kyrgyz Republic has been successful in achieving several MDGs, especially on reduction of severe poverty and hunger (MDG 1), ensuring environmental sustainability (MDG 7) and development of global partnership (MDG 8), it has had difficulty achieving some of the health related MDGs (discussed in the health section below). Poverty is concentrated in rural communities: 33% of rural inhabitants live in poverty whereas only 27% of the urban are poor[6]. The unemployment rate in Kyrgyzstan is stable at about 8% level since 2006. Nearly one-third of Kyrgyzstan's workforce is employed abroad, draining the country of its qualified labour[7].

Since 2004 GDP per capita has tripled in 2014. However, the pace of economic growth was not even. There were two periods of growth between 2004-2014: from 2004-2008 and 2010-2013. GDP per capita growth declined to 1.6% in 2014 from 8.7% in 2013 mainly due to the economic slowdown in Russia,

[4] Daily News. 2010. Kyrgyzstan death toll at least 2,000, interim president says as ethnic clashes rock nation available at http://www.nydailynews.com/news/world/kyrgyzstan-death-toll-2-000-interim-president-ethnic-clashes-rock-nation-article-1.180648

[5] Online database of the National Statistic Committee of the Kyrgyz Republic http://www.stat.kg.ru/statistics/

[6] National Statistical Committee of the Kyrgyz Republic. 2015. Poverty rate in Kyrgyz Republic in 2014 available at http://www.stat.kg/media/publicationarchive/8f14d08e-7469-4ebe-bbf1-bc7c059f6f8a.pdf

[7] USAID. 2011. Country Profile available at http://pdf.usaid.gov/pdf_docs/pdact535.pdf

lower production of Kumtor gold mine and poor harvest[8]. Despite the slow-down in economic growth, the Kyrgyzstan's Human Development Index (HDI) increased from 0.652 in 2013 to 0.655 in 2014, which positions the country in the medium human development category countries and ranks 120 out of 188 countries and territories. See Table 4 below. As for Global Competitiveness Index, in 2014 Kyrgyzstan ranks 102 out of 140 countries with Quality of Primary Education of 3.0 (109 out of 140 countries) and Primary Education Enrolment of 91.2% (93 out of 140 countries)[9].

As noted in the TOR, recognizing its progress on key indicators, in 2014, the World Bank re-classified the Kyrgyz Republic from a low income country to a lower-middle income country. The poverty rate in the Kyrgyz Republic has declined from 31.3%in 2012 to 25.0%in 2015.[10] Sanctions against Russia and unstable economic situation in Russia have had a negative effect on the country. The Russian rouble has fallen record lows. The depreciation of the Russian ruble put downward pressure on the exchange rate. In the first eight months of the year the Kyrgyz som lost 10.5% of its value against the US dollar, prompting the central bank to sell US$179 million in an effort to smooth the depreciation.[11]

Table 4. Kyrgyzstan's HDI trends based on consistent time series data and new goalposts

	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI Gross National Income per capita (2011 PPP$)	HDI value
2005	66.4	12.6	10.2	2,256	0.614
2010	68.5	12.3	10.6	2,599	0.634
2011	69.1	12.5	10.6	2,610	0.639
2012	69.7	12.5	10.6	2,766	0.645
2013	70.2	12.5	10.6	2,975	0.652
2014	70.6	12.5	10.6	3,044	0.655

Source: Work for human development. 2015. Briefing note for countries on the 2015 Human Development Report available at http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/KGZ.pdf

Reproductive Health, including HIV

With the development of the national health plan, Manas Taalimi 2006–2010, the Kyrgyz health sector officially launched a Sector Wide Approach to Health (SWAp) that is reported to have improved aid coordination (Ulikpan et al 2014). As a result of the SWAp in Kyrgyzstan, government policies in the health sector improved, and use of country systems have been increased and the health sector attracted more donor funds. One of the key conditions within the SWAp framework was an annual increase of 0.6% in the state health budget as a percentage of total state expenditure. Total expenditure on health accounted for 6.4% of GDP in 2008, which meant that Kyrgyzstan was spending a higher share of GDP on health than many other countries of the former USSR (Ulikpan et al 2014 IBID).

The KR made a strong commitment to RH in 2011 at the World Health Assembly. "The Government of Kyrgyzstan commits to ensure that 100 % of the population of reproductive age have choice and access to modern contraception with at least 3 modern methods of family planning; 100% free medical care for pregnant women and under-fives; ensure at least 80% of births take place at a health facility and 90% of health facilities have access to a centralized water supply system. Kyrgyzstan will ensure that 95% of health facilities with antenatal services provide both HIV testing PMTCT; 35% of family medicine

[8] World Bank Group. 2015. Adjusting to a Challenging Regional Economic Environment available at http://www.worldbank.org/content/dam/Worldbank/Publications/ECA/centralasia/Kyrgyz-Republic-Economic-Update-Spring-2015-en.pdf

[9] World Economic Forum. 2015. The Global Competitiveness Report 2015–2016 available at http://www3.weforum.org/docs/gcr/2015-2016/Global_Competitiveness_Report_2015-2016.pdf

[10] "Low Commodity Prices and Weak Currencies", World Bank ECA Economic Update, October 2015

[11] "Low Commodity Prices and Weak Currencies", World Bank ECA Economic Update, October 2015

centres provide the standard package of youth-friendly health services; and that 70% of children receive evidence-based services within integrated management of childhood illness." (Kyrgyz commitment to strengthen maternal and child health made at World Health Assembly, Geneva, May 2011).

The follow-on National Health Strategy "Den Sooluk, 2012-2016", has had the main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. The Den Sooluk is based on three interrelated pillars: (i) expected health gain; (ii) core services needed to achieve expected health gains; and (iii) removal of health systems barriers that undermine delivery of core services. The Den Sooluk identified four priority health improvement areas: Maternal and Child Health (MCH), cardiovascular diseases, Tuberculosis (TB), and HIV (UNDAF MTR 2015).

As a result of sustained UNFPA KR-supported advocacy over a period from 2010 through 2015, covering the current and previous UNFPA CPAP, there has been an impressive health policy achievement for SRH, with the successful revision and passage of the KR Reproductive Health Law in July 2015 (UNFPA KR 2016). This recently revised RH Law has several important new provisions that offer potential to improve RH services and outcomes. Adolescents 16 years and up will have access to SRH services without consent of a legal guardian (Article 13). All children have a right to access information about their SRH and rights (Article 13). There is a legal basis for development of national sexuality education standards (Article 7). Any medical intervention during pregnancy can be performed based on written consent of a woman. Therefore, married women no longer require their husbands' consent. (Article 14). Adolescents 16 years and up have access to abortion without consent of the legal guardian. (Article 16). Sexuality education will be introduced in all schools of Kyrgyzstan (Article 13).

Despite the above structural and organizational reform efforts, Kyrgyzstan faces challenges to address changes in the morbidity and mortality patterns and the efficiency of public spending on health. The governance of health institutions need further improvement (World Bank Group 2015). As noted in the TOR, while the KR MoH continues to make serious efforts to achieve MDGs to reduce under-five mortality (MDG4) and the maternal mortality ratio (MDG5). While MDG4 has been achieved,[12] MDG5 has not. The progress in reducing maternal mortality has been slow; the reduction of maternal mortality ratio from 1990 to 2013 was 12%, classifying the country in "no or limited progress" category.[13] In order to address these challenges, the Government of the Kyrgyz Republic and the UN system in the country applied the MDG Acceleration Framework toward achieving MDG 5 and developed MAF Action Plan in 2013 (MoH, MoE, UN MAF Acceleration Report 2013). The MAF Action Plan was subsequently integrated into the "Den Sooluk" healthcare reform program. Three priority areas for the KR MAF were: reproductive health, effective perinatal care and emergency obstetric care, prioritizing interventions in family planning and safe abortion, appropriate prenatal monitoring and continuity in the performance of primary health care professionals and hospitals, skilled care during childbirth and the post-partum period, and the timely and full provision of emergency obstetric care (MAF Acceleration Report 2013). Although the leading causes of maternal mortality are haemorrhage, hypertensive disorders, sepsis, obstructed labour, and complications from unsafe abortions, low contraceptive prevalence is a major contributor to maternal mortality and family planning should be considered the primary intervention to prevent maternal mortality (S. Ahmed et al. Lancet. 2012). Significant reductions in maternal deaths are likely if unmet needs for contraception are fulfilled. Multivariate modelling of the impact of eliminating unmet need with data from CIS countries predicted a 51% reduction in MMR, and a 55% reduction in Kyrgyzstan (S. Ahmed et al. Lancet. 2012).

Despite a strong National commitment to access to family planning services, and concerted efforts to support FP programs on the part of UNFPA and counterpart agencies, key indicators for reproductive health over the past decade demonstrate that major challenges remain. Despite problems in

[12]Kyrgyzstan "has reached the goal on decreasing child mortality by more than two thirds since 1990. According to UNICEF's global report, "Promise renewed" the mortality of children has decreased from 65 per 1,000 livebirths in 1990 to 21 per 1,000 live births in 2015."See http://www.unicef.org/kyrgyzstan/media_28576.html

[13] "World Health Statistics", WHO, 2015

comparability, there are now four nationally representative estimates of contraception use and fertility since 1997, two from the KR DHS and two from the KR MICS (KRDHS1997, 2012, KR MICS 2006 and 2014). As shown below in Table 5, Kyrgyzstan's overall contraceptive prevalence rate has declined substantially during the previous two decades from 60% in the 1997 DHS to 36% in the 2012 DHS with a modest increase to 42% in the 2014 MICS. Trends in use of modern contraceptive methods have not been favourable between 1997 and 2012, with only a 6 % increase in the use of modern methods (due to increased use of Pills and male condoms) as of 2014. Use of modern methods of family planning declined significantly (from 49% in 1997 to 34% in 2012) and moderately increased to 40% based on the latest 2014 MICS. The use of traditional method has also declined from 11% to 2% from 1997 to 2014. IUD remains the most popular method used, but its use also declined from 38% in 1997 to 22% in 2014. Coincident with this decline in use of contraception, the total fertility rate has increased by 18% from 3.4 in 1997 to 4 and reported unmet need for family planning has increased by more than 60% from 11.6% to 19%.

Empirical assessment of contraceptive use and abortion rates demonstrates that the majority of unintended pregnancies and abortions result from women using no method or an ineffective method of contraception.[14] While the KR's total abortion rate (TAR) has declined by half, from 1.55 in 1997 to 0.7 in 2012, there is concern that abortion may be under reported (KRDHS 2013). Under-reporting of abortion is becoming more likely over time with the availability of medical abortions from the private sector. Despite this probable bias toward underreporting, the official annual number of reported abortions has not declined in the past decade (Official website of the National Statistical Committee www.stat.kg). The annual number of reported abortions has gradually increased since 2002 to 24,456 in 2014, at the highest level since 1999, when 25,790 were reported; in 2015 the number of reported abortions declined to 22,084 (data not shown, available on request. Downloaded from www.stat.kg March 2016). As shown in Figure 1 below, from 2002 to 2014 the number of reported abortions has gradually increased for the four age groups 20 and above since 2002, but has remained fairly constant for this same period among those below age 20, at about 8% of all reported procedures. The proportion of maternal deaths due to abortion has been recorded since 2008 and the highest peak in 2011. Every year 2-3 maternal deaths due to abortion are recorded, mostly from private clinics.[15]

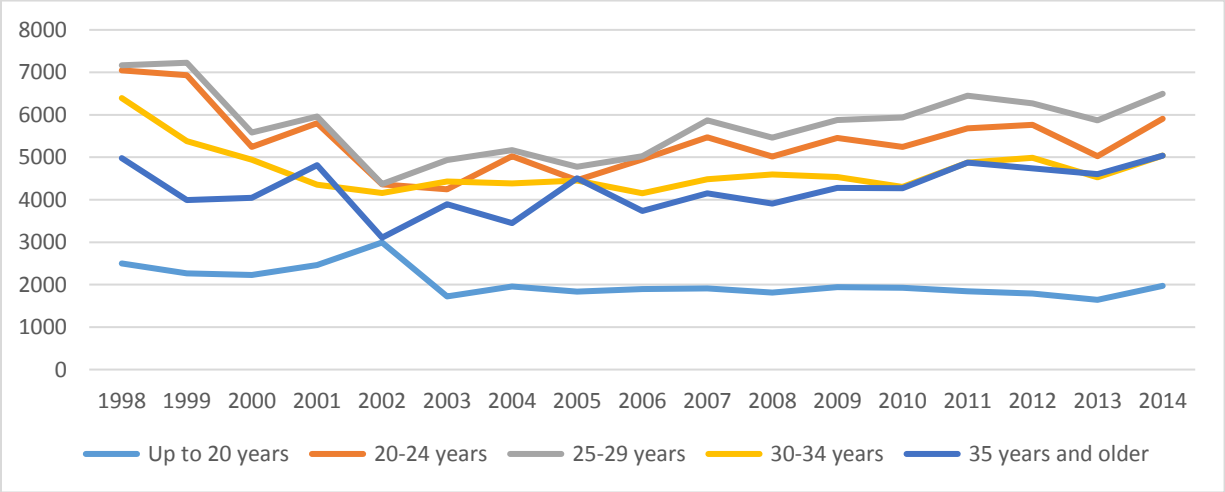
[14] As shown below in Table 5, in Kyrgyzstan, the proportion of MWRA using ineffective traditional methods is quite low (less than 2%) and therefore are not a major cause of unintended pregnancies and abortions.
[15]Tables prepared by the RMIC on UNFPA Kyrgyzstan Request.

Table 5. Contraception use and other indicators for married Kyrgyzstan women 15-49: 1997 to 2014

	Married 15-49	Married 15-44*	Married 15-49	Married 15-49*
	KR DHS1997	KR MICS 2006	KR DHS 2012	KR MICS 2014
Any method	59.5	47.8	36.3	42
Any modern	48.9	45.5	33.7	40
Fem Ster	1.8	0.9	1.6	1.3
Pill	1.7	5.1	1.5	4.1
IUD	38.2	32	22.1	22.4
Injectable	1.3	1.2	0.5	0.2
Male Condom	5.7	5.8	7.7	10.4
Female condom	na	0.1	0	0
LAM	na	0.3	0.2	1.5
Diaphragm/other	0	0.3	0	0
Any Traditional	10.7	2.3	2.6	1.9
Rhythm	3.2	0.7	0.2	0.7
Withdrawal	6	0.5	2.3	1.1
Other traditional	1.5	0.8	0.1	0.1
Not currently using	40.5	52.2	63.7	58
Total	99.9	99.9	99.9	99.8
TFR	3.4	2.7	3.6	4
Sample size	2675	4195	5256	4750
Estimated TAR	1.55	NA	0.7	NA
Unmet need - Total	11.6	1.1	18	19.1
Unmet need-Spacing	7.2	NA	12.4	11.8
Unmet need-Limiting	4.5	NA	5.7	7.3

*MICS 2006 and 2014 include both married or in union. Not 100% due to rounding error and 0.1% missing for 2014 MICS

Figure 1: Trends in reported numbers of abortions by five major age groups from 1998-2014



Source: STAT.KG downloaded March 2016.

In summary, the significant decline in contraceptive method use since 1997 shown in Table 5 is likely to be contributing to frequent unintended pregnancies, which results in a high TAR of 0.7. Abortions services are legal in KR and provided in government settings, according to Ministry of Health guidelines. To the extent that some abortions in Kyrgyzstan are taking place in sub-standard private sector settings, they may be a contributing cause[16] to the relatively high maternal mortality ratio in

[16] The main causes of maternal mortality in Kyrgyzstan are currently haemorrhage, hypertension and sepsis; abortion appears to be comparatively less important as a cause of maternal mortality (See the first Kyrgyzstan National report on Confidential Enquiry into Maternal Death (CEMD) 2014).

Kyrgyzstan, which, at 76 women deaths per 100,000 live births, is of among the highest in the Central Asia region, compared to Uzbekistan (36) and Kazakhstan (12), Tajikistan (32) and Turkmenistan (42).[17]

HIV: As noted in the TOR, the Kyrgyz Republic belongs to the group of countries, where HIV is still growing.[18] The HIV incidence was 12.5 per 100,000 population in 2012, 8.5 in 2013 and increased again to 10.5 in 2014.[19] Based on a recent monthly update there are an estimated 6,515 HIV positive persons in KR of whom about half, 3,174, are associated with the use of injecting drugs.[20] The main mode of HIV transmission has been injecting drug use. However, sexual transmission is also growing, which affects more women. In 2013, injecting drug use constituted 37.1% of all registered cases whereas the sexual transmission reached 57.7% (in 2011 the sexual transmission was 30.3%). The key populations at higher risk to HIV infection in the Kyrgyz Republic include people who use injecting drugs, sex workers, men who have sex with men and prisoners. Based on a recent country report, as of 2013 there were an estimated 7,100 sex workers and 22,000 men who have sex with men, with a trend toward an increase in the percentage of sex workers and men who have sex with men covered by prevention programs: sex workers from 45.2% in 2010 to 64.9% in 2013, men who have sex with men from 42% in 2010 to 78.9% in 2013. The estimated percentage of condom use among sex workers during sexual intercourse with their last client increased from 88.1% in 2010 to 90.6% in 2013.[21]

UNFPA CO has provided technical and financial assistance to strengthen linkages between SRH and HIV, an area which remains weak in the country. This includes the development of a) separate 2013-2016 work plans for two Ministries (Min of Education and Science and Ministry of Labour, Migration and Youth) in line with the National HIV/AIDS Programme; b) a toolkit on Healthy Life Styles integrating HIV and SRH for teachers of students of 6-11 grades that was piloted in 2014; c) a clinical guideline on SRH in people living with HIV (PLHIV) with capacity building for the State Medical Institute on Continuous Education and healthcare workers; d) training for key populations and healthcare providers on integrated HIV and SRH issues and e) a periodic survey on sex workers' knowledge, attitudes and practices relating to condom access and utilization. In 2015 UNFPA conducted 17 focus group discussions among young key populations age of 18-24 to assess current access to HIV and SRH services, including legal barriers, stigma and discrimination. In addition, the UNFPA CO has undertaken innovative work with sex workers, supported training on the use of the Sex Worker Implementation Tool (SWIT) and supported community groups against punitive legislation.

Population and Development

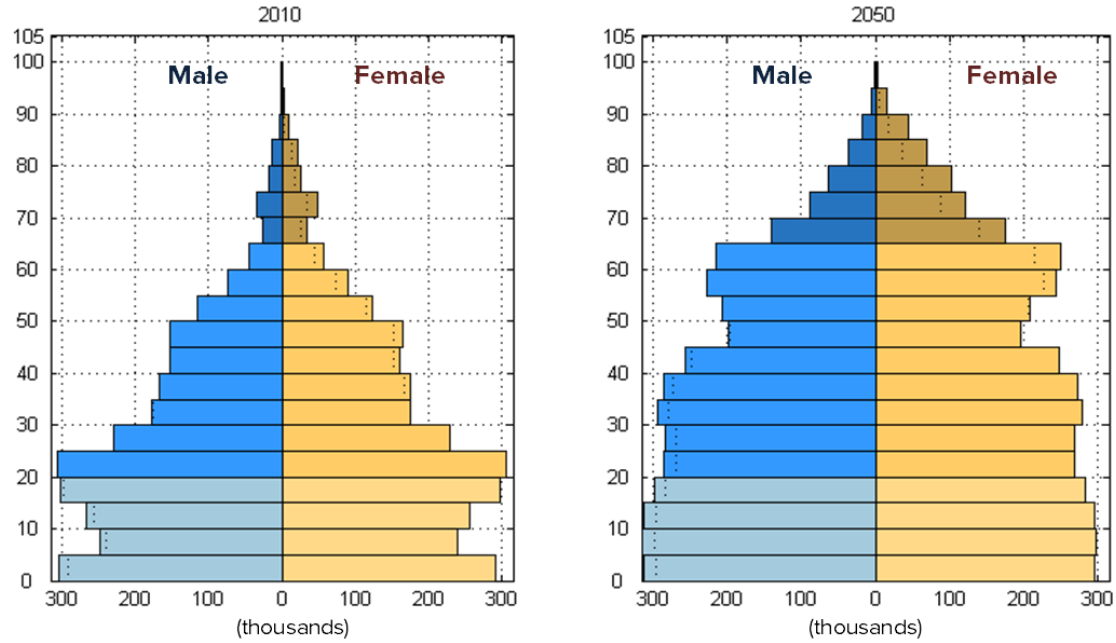
Kyrgyzstan's annual population growth rate reflects the high levels of out-migration from the country. The annual rate of population growth was estimated at 1.04% per year as of 2014, reflecting a negative migration balance of 6.2 per 1,000, which is quite high compared to rates of outmigration among other EECA countries.[22] As noted in the 2015 KR UNDAF Midterm review, the KR has substantial economic outmigration due to its reliance on remittances from jobs outside of the country, especially in Russia, where membership to the Eurasian Economic Union facilitates freedom of movement for labor. More than 26% of all KR households have at least one labor migrant and a volume of recorded money

[17] WHO, UNICEF, UNFPA, WB Group, United Nations Population Division Maternal Mortality Estimation Inter-Agency Group (http://www.who.int/gho/maternal_health/countries/kaz.pdf?ua=1downloaded 3 April 2016)
[18] UNAIDS Global Report, 2013
[19] Kyrgyzstan UNGASS report, 2015- http://www.unaids.org/sites/default/files/country/documents/KGZ_narrative_report_2015.pdf
[20] http://aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/6-2016.html HIV
[21] Country report on progress in the implementation of the global response to HIV infections in 2014 [Kyrgyz Republic] reporting period: January - December 2014. filing date: April 15, 2015. Bishkek-April 2015
[22] The KR's annual population grown rate (The average annual percent change in the population, resulting from a surplus (or deficit) of births over deaths and the balance of migrants entering and leaving a country) was estimated at 1.4 % in 2011 and 1.04% as of 2014 (http://www.indexmundi.com/g/g.aspx?c=kg&v=27). The net migration rate for KR was constant from 2003 until 2011, when it dropped from -2.6 to -8.1 in 2012, rising to -6.16 in 2014 (http://www.indexmundi.com/g/g.aspx?c=kg&v=27).

remittance is equal to one third of the Kyrgyz Republic's GDP (Novovic et al 2015, page 7). Net migration from the KR has been negative since 1975: estimated at -173,000 in 2002, -76,000 in 2007 and -114,000 in 2012.[23]

The country is one of the "youngest" of the Commonwealth of Independent States countries: over one-third of the population is under the age of 18; about 60% are up to 29 years of age. The average age is increasing and at the beginning of 2014 was 26.4 for males and 28.2 for females.[24] As of 2014, life expectancy was 74.5 years for women and 66.5 years for men, a difference of eight years.[25]

Figure 2: Total population by age group and gender, 2010 and 2050[26]



The KR's main centres of expertise for the monitoring and evaluation of KR vital events and demographic trends include the National Statistical Committee (NSC), Republican Medico-Information Centre, the Unit on Acts of Civil Registration as well as the Ministry of Economy. The NSC is the central statistical office of the country. The NSC is administratively autonomous and its head serves as the country's chief statistical repository that reports to the President. The NSC is responsible for population censuses, household surveys, demographic statistics and a wide range of economic statistics. In the case of social statistics, the NSC compiles the data from administrative records of other government departments. Over 1,200 persons work in the NSC network that includes the head office in Bishkek, the main computing centre, regional, Bishkek city and local offices, a research institute and a training centre.[27]

UNFPA KR has maintained a long-term role for strengthening inter-agency collaboration on statistical compliance and coherence with these agencies (UNFPA KR COAR 2012, COAR 2014). This includes UNFPA KR support for trainings on basics of demographic and medical statistics, Ministry of Economy, RMIC, and NSC staff participation in international course on Population and Development at the Higher

[23] http://data.worldbank.org/indicator/SM.POP.NETM?locations=KG
[24] UNFPA Evaluation Office. Evaluation of UNFPA Support to Adolescents and Youth (2008-2014) Kyrgyzstan Country Note. Draft March 2016.
[25]National Statistical Committee of the Kyrgyz Republic: online database, downloaded April 2016.
[26]Figures taken from UNFPA Evaluation Office 2016. Source: ICPD country sheet. Population pyramids are based on medium variant of the 2010 revision of the World Population Projections (WPP) by UN Population Division.
[27] UN Statistics Division. Country Profile of Kyrgyzstan http://unstats.un.org/unsd/dnss/docViewer.aspx?docID=512#start

School of Economics in Moscow to increase skills and knowledge on health, mortality, migration indicators, changes in age structure and their social and economic implications, gender issues, demographic forecasts and population policy. UNFPA has a longstanding role in supporting the NSC in its efforts to produce, analyse and disseminate official statistics. This includes the regular annual publication of the resource document, "Women and Men of the Kyrgyz Republic, Compendium of Gender Disaggregated Statistics." UNFPA also collaborates with other donor agencies, such as DFID, USAID, UNICEF and the WB support for major national data collection and analysis activities, including the national Census, the KR DHS and the KR MICS. UNFPA is providing support for introduction of Population Registry in Kyrgyzstan. This includes a 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 a Population Registry (COAR 2014). UNFPA has supported sectoral-based data collection on violence against women and girls, working jointly with an NGO "Research Centre of Democratic Processes" organized a series of national-level trainings on data collection for staff members of judiciary, law enforcement and health systems. UNFPA also supports national training on International Statistical Classification of Diseases and Health Problems, WHO ICD10, to ensure that all medical staff responsible for filling out of medical death certificates know how to use ICD10 coding and how to fill out the form properly. UNFPA supported the development of a major synthesis of National data on youth by the Kyrgyzstan National Statistical Committee in 2014, which resulted in the publication of an important resource document, "The Youth in the Kyrgyz Republic."[28]

Gender Equality

The Kyrgyz Republic is making 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.[29] However, there are still pervasive gender stereotypes, customs and practices in the Kyrgyz Republic that are root causes of the inequality of the status of women and girls in health, economic, and educational outcomes. These factors are also a root cause of the violence against women, and remain a significant barrier to women accessing reproductive health and family planning services (UNFPA KR CPE TOR. 2016).

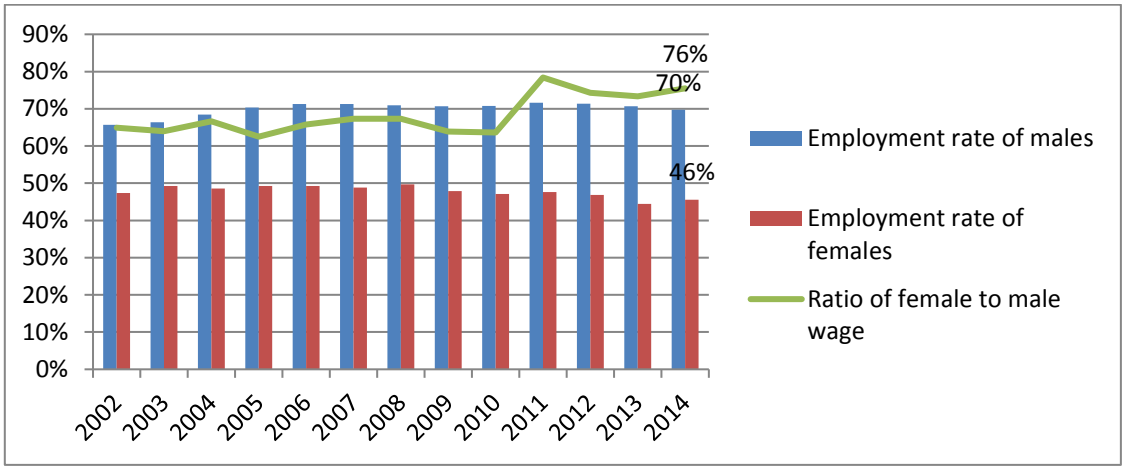
The Kyrgyz Republic has ratified the major international conventions and policy documents on the rights of women (Convention to Eliminate All Forms of Discrimination against Women (CEDAW), Beijing Platform of Action). The National Strategy on Achieving Gender Equality 2012-2020 and National action Plan for 2012-14 have been developed and approved by 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. The implementation of laws and policies is a challenge, due to a lack of resources, weak national capacity, frequent change of governance structure and gender machinery and the resurgence of patriarchal values in communities and among decision-makers.[30] As a result women do not have opportunities to enjoy and benefit from their rights that they are entitled to by law. One of the most often discussed gender-related problems in Kyrgyzstan are:

[28] The National Statistical Committee Kyrgyz Republic. Youth in the Kyrgyz Republic. Bishkek 2014.
[29] http://hdr.undp.org/en/composite/GII
[30] This statement is formulated based on resion of a number of materials. For example see:
1. UNDP. 2012. Gender equality and women's empowerment in public administration. Kyrgyzstan case study
2. Human Rights Watch. 2015. "Call Me When He Tries to Kill You": State Response to Domestic Violence in Kyrgyzstan. Available at https://www.hrw.org/report/2015/10/28/call-me-when-he-tries-kill-you/state-response-domestic-violence-kyrgyzstan [Accessed 10 August 2016]
3. National Review of the Kyrgyz Republic in the framework of the Beijing Declaration and Platform for Action. 2014. Available at http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/59/national_reviews/kyrgyzstan_review_beijing20_en.ashx [Accessed 10 August 2016]

unequal participation of women in economic and political life of the country and gender-based violence.[31]

Women in Kyrgyzstan face cultural, economic, religious, legal and infrastructural (shortage of child care services at preschool age) barriers in joining the work force.[32] Although more women than men graduate from higher education institutions[33], less than a half of women at the age of 15 and older are employed and this rate is stable for more than of a decade.[34] The lower employment rate of women compared to the one of men is accompanied by wage discrimination when women's remuneration counts for approximately 76% of men's remuneration (Figure 5). Women are concentrated in traditionally 'female' lower-paid jobs as well as in the informal economy, with its risks and lack of social protection.

Figure 3: Gender differences in employment rates in Kyrgyzstan (in %)



Source: Online National Statistical Committee database available at http://www.stat.kg/ru/statistics/

Political participation of women is low: women comprise about 35% of local government employees and 40% of state employees (Figure 6). Moreover, their presence is weaker at the senior levels and the very top, politically appointed positions. Thus, as of January 2015 women made up 26% of 'political and special positions' and 41% of administrative positions in governmental structures (Figure 6) . Nonetheless, the shares of women in all these three positions in governmental structures are lower than the overall employment rate of women (46%) (Figure 5).

[31] National Review of the Kyrgyz Republic in the framework of the Beijing Declaration and Platform for Action. 2014. Available at http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/59/national_reviews/kyrgyzstan_review_beijing20_en.ashx [Accessed 10 August 2016]

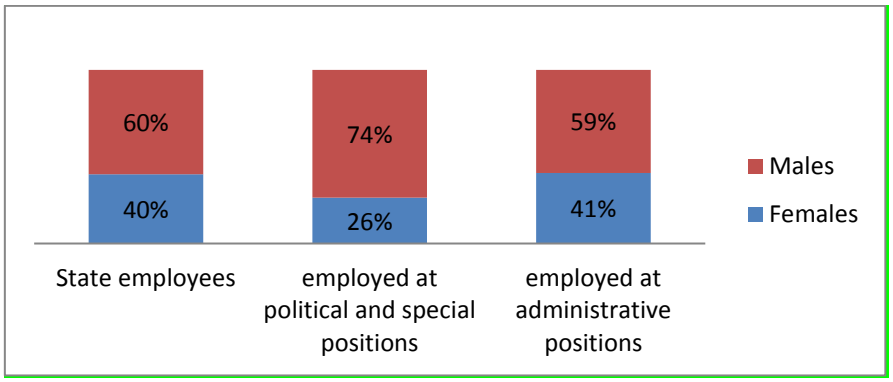
[32] The list of barriers was compiled on the basis of the number of articles, including:

1. EBRD. 2015. Legal barriers to women's participation in the economy in the Kyrgyz Republic. Available at www.ebrd.com/documents/admin/legal-barriers-gender.pdf [Accessed 10 August 2016]
2. World Bank. 2011. World development report 2012. Gender equality and development. Available at http://siteresources.worldbank.org/INTWDR2012/Resources/7778105-1299699968583/7786210-1322671773271/Ibraeva_Kyrgyz_case_study_final_Sept2011.pdf [Accessed 10 August 2016]

[33] Women And Men Of The Kyrgyz Republic, National Statistical Committee of the Kyrgyz Republic (2015).

[34] Ibid.

Figure 4: The share of women and men employed in governmental structures (in %)



Source: Online National Statistical Committee database available at http://www.stat.kg/ru/statistics/

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. However, after the passage of the quota the share of women in Parliament never reached 30%[35] due to the lack of state control over the implementation of this legal provision.[36] Thus, in June 2016 there were 21 women in Parliament, representing about 18% of the total number of deputies.[37] Representation of women in local self-governance is also low.[38]

Gender Based Violence. The Demographic and Health Survey conducted in Kyrgyzstan in 2012 revealed that about 23% of women experienced physical violence at least once and 13% of women experienced physical violence during the 12 months preceding the survey. More than 3% of women experiences sexual violence and more than 2/3 of women reported experiencing at least one form of controlling behaviour by a partner. The survey has also revealed that domestic violence is normalized in Kyrgyz families. Thus, about 33% of females and 50% males aged 15-49 believe a man is justified in hitting or beating wife under some circumstances. Bride kidnapping and child marriage are also considered to be serious problems in Kyrgyzstan. Although in 2013, there have been introduced amendments to the Criminal Code, which increased the penalty for bride-kidnapping from a maximum of 3 years' imprisonment to 5-7 years' imprisonment for abduction for marriage, and 5-10 years when the abductee is under age 18, the overall rate of non-consensual kidnapping and rate of kidnapping of girls under 18 continues to grow in all regions of Kyrgyzstan.[39] International Crime Victims Survey conducted in 2015 [40] found out that about 5% of all women in Kyrgyzstan were kidnapped without their consent. According to the estimates of Freedom House, 20% of kidnapped girls are under 18. [41]

[35] Online National Statistical Committee database available at http://www.stat.kg/ru/statistics/
[36] National Review of the Kyrgyz Republic in the framework of the Beijing Declaration and Platform for Action. 2014. Available at http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/59/national_reviews/kyrgyzstan_review_beijing20_en.ashx [Accessed 10 August 2016]
[37] Eurasnews. 2016. Overview: Women MPs are endangered species? Available at http://eurasnews.ru/kirgiziya/обзор-женщины-депутаты-исчезающий/ [Accessed 10 August 2016]
[38] Women And Men Of The Kyrgyz Republic, National Statistical Committee of the Kyrgyz Republic (2015).
[39] Alternative NGO report on the implementation of the Convention on the Elimination of Discrimination against Women (the aspect of children's rights) by the Kyrgyz Republic, 2014 retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/KGZ/INT_CEDAW_NGO_KGZ_17647_E.pdf
[40] The full report is available at http://wp.unil.ch/icvs/files/2016/02/KyrgyzstanCrimeSurveyReport-ENG.pdf [Accessed 10 August 2016]
[41] Alternative NGO report on the implementation of the Convention on the Elimination of Discrimination against Women (the aspect of children's rights) by the Kyrgyz Republic, 2014 retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/KGZ/INT_CEDAW_NGO_KGZ_17647_E.pdf

UNFPA KR has developed strong partnership and coordination, as well as provided technical support to the Ministry of Social Development/Gender Machinery in elaboration of the chapter "Access to Justice" 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 KR has also contributed to capacity building of 3 city mayor's offices to create a multisectoral comprehensive response to and prevention of GBV in development and humanitarian settings and provided technical support to relevant GoKR ministries and state agencies to draft sectorial-based regulations to institutionalize and integrate GBV SOPs in Emergencies. Furthermore, UNFPA KR 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. At the same time UNFPA strengthened the sectorial based data collection mechanism on GBV/VAW through the technical support and capacity development of relevant ministries and state agencies.

Youth

The demographic and public health context of the KR make a compelling case for the needs of youth. As of 2014, over 50 % of the population of Kyrgyzstan was under the age of 25 and 4.4% of all registered births in 2013 were among girls aged 14-18. Experts estimate that 1 in 10 abortions are among teenage girls (UNFPA KR 2016). In 2014, young people were carrying much of the burden of HIV and STIs. Over 40% of HIV cases were found among people under 29 years old, with 10.6% being among children and adolescents under 19 and the remaining 29.6% were people aged 20-29. (HIV/AIDS Epidemic update, National AIDS Centre, 1 October 2015). Similarly, in 2014, 27.2% of all registered STDs (gonorrhoea and syphilis) were found among young people aged 15-24 (National Statistics Committee, 2014) (UNFPA KR 2016 Ibid). Despite the availability of modern contraceptives and the introduction of youth-friendly health services (YFHS) in some clinics, there has been a steady rise in the number of births to women aged 15 to 17 years, from 4.5 children per 1,000 women in 2005 to 7.9 children per 1,000 women in 2013.[42](UN Evaluation Office 2016). Kyrgyzstan's minimum legal marriage age is 18. But since the fall of the Soviet Union, weddings increasingly have been performed by Islamic clergy in a ceremony known as nikaah that is often not registered with the state (Tursunov 2015). Because the marriages fall outside of state control, there is less oversight to ensure the bride and groom are of legal age. Research found that of 2,000 women surveyed in southern Kyrgyzstan, about 12% married before age 18 (Tursunov 2015 Ibid).

UNFPA KR has ongoing collaboration to address the health needs of adolescents and youth through Kyrgyz legislation and sectoral government policies such as the Youth Strategy; the 2015 Reproductive Rights Law; and the Strategy for the Implementation of Healthy Lifestyle (HLS) Education (UNFPA Evaluation Office 2016). UNFPA collaborates with the Ministry of Health, and the Ministry of Labour, Migration and Youth (MoY) in adolescent and youth-related programming and implementation. For example, the Ministry of Labour, Migration and Youth requested assistance to support revision of the Youth Policy by increasing youth rights and access to services, providing meaningful participation in budget allocation to youth issues. As a result of UNFPA and UNDP interventions, the Youth Policy was revised with the active participation and input of diverse social and ethnic groups of young people at national and local levels (KR COAR 2013). UNFPA KR has also collaborated with the Republican Health Promotion Centre of the Ministry of Health and the State agency on Vocational Education to pilot the integration of a Healthy life style curricula into the vocational education system. UNFPA has supported efforts in collaboration with the MoH to provide, access of rural adolescents and young people to SRH services and information several delivery points around the country (KR COAR 2012). As mentioned above in the section on Population and Development, UNFPA has enhanced the available

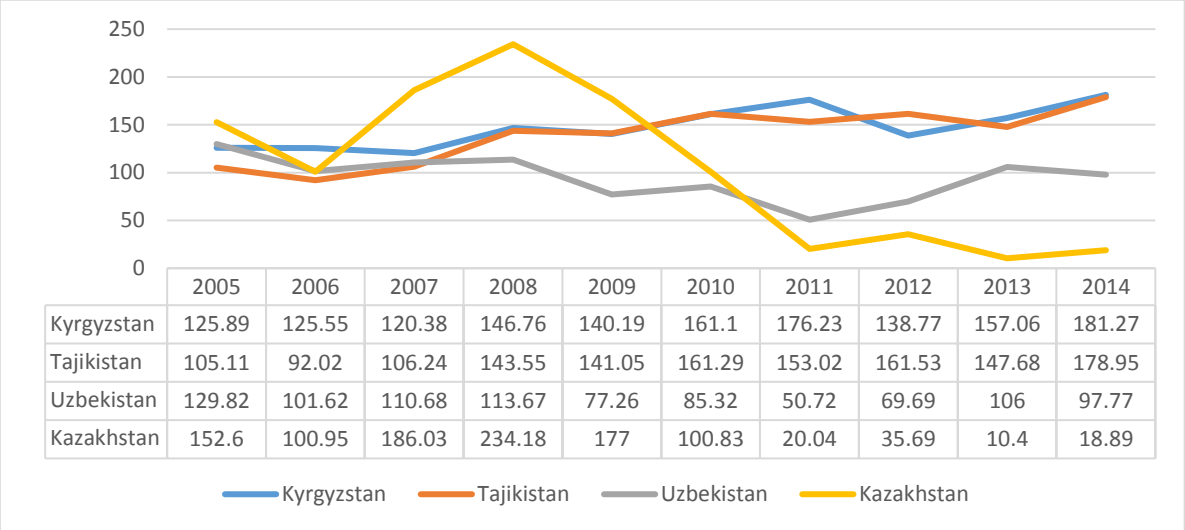
[42]Republican Medico-Informational Center of the Ministry of Health of Kyrgyz Republic. http://rmic.med.kg/ru/organizatsij-zdravokhraneniya/psmp.html.

list of indicators about the status of youth in the KR through its support for the NSC publication of the comprehensive report, “Youth in the Kyrgyz Republic” (NSC 2014).

Section 2.2. The role of external assistance

As shown below in Figure 3, over the past decade there is a fairly steady increase in total annual net Official Donor Assistance (ODA[43]) disbursements to Kyrgyzstan, from US126 million in 2005 to US181 million in 2014. As of 2014, compared to its neighbours, Kyrgyzstan received substantially more than Uzbekistan and Kazakhstan and a comparable amount from Tajikistan.

Figure 5. Total Net Aid ODA Disbursements to Kyrgyzstan and Neighbouring Countries 2005-2014 in USD Millions



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Kyrgyzstan	125.89	125.55	120.38	146.76	140.19	161.1	176.23	138.77	157.06	181.27
Tajikistan	105.11	92.02	106.24	143.55	141.05	161.29	153.02	161.53	147.68	178.95
Uzbekistan	129.82	101.62	110.68	113.67	77.26	85.32	50.72	69.69	106	97.77
Kazakhstan	152.6	100.95	186.03	234.18	177	100.83	20.04	35.69	10.4	18.89

Source: OECD http://www.aidflows.org/ Downloaded 22 March 2016

The role of bilateral versus multilateral ODA has evolved over the last decade with increases in both categories. With the exception of 2011, bilateral aid has consistently exceeded multilateral aid[44] in all years since 2002. The current trend for multilateral ODA is a pronounced decline, compared to a sharp increase in bilateral ODA. The top 15 bilateral donors' three-year average net ODA donations for bilateral aid ranges from over $78 million from Turkey to $0.61 million from Denmark (data not shown, available on request). UNFPA is not as large as the EU, IDA and other multilaterals for ODA, but it is among the top 15 multilateral donors with a three-year average of $0.85 million in net ODA (data not shown, available on request). Total three-year average contributions for population policies and reproductive health are a relatively small portion of total Country Program Aid (CPA)[45]for Kyrgyzstan, at 2.8% compared to a three-year average of 9.5% for health (data not shown, available on request)[46].

[43]Official Development Assistance (ODA) is defined as those flows to developing countries and multilateral institutions provided by official agencies, including state and local governments, or by their executive agencies, each transaction of which meets the following tests: i) it is administered with the promotion of the economic development and welfare of developing countries as its main objective; and ii) it is concessional in character and conveys a grant element of at least 25%t.Gross ODA is the amount that a donor actually spends in a given year. This figure becomes Net ODA once repayments of the principal on loans made in prior years (but not interest) are taken into account, as well as offsetting entries for forgiven debt and any recoveries made on grants. In some cases, repayments exceed gross amounts, which is why net ODA figures sometimes appear as negative values. Dataset: Aid (ODA) disbursements to countries and regions [DAC2a].

[44] Net Bilateral ODA to Kyrgyzstan rose from US$183 million in 2004 to US$366 million in 2013, compared to Net Multilateral ODA rising from US$140 million in 2004 to US$ 170 million in 2013. OECD (Downloaded 22 March 2016).

[45] "Donors' contributions to country-level development programmes are best captured by the concept of country programmable aid (CPA). It is a subset of gross bilateral ODA critical for the support of the Millennium Development Goals (MDGs). CPA tracks the proportion of ODA over which recipient countries have, or could have significant say. CPA reflects the amount of aid that involves a cross-border flow and is subject to multi-year planning at country/regional level. Several studies have also shown that CPA is a good proxy of aid recorded at the country level (excluding humanitarian aid)."Source:http://www.oecd.org/dac/aid-architecture/countryprogrammableaidcpafrequentlyaskedquestions.htm

[46] http://www.aidflows.org/ (Downloaded 23 March 2014) See also OECD http://stats.oecd.org/Index.aspx?DataSetCode=CPA#.

CHAPTER 3: UN/UNFPA Strategic response and programme

3.1.UN Strategic response

The Government of the Kyrgyz Republic, in collaboration with the United Nations Country Team formulated the United Nations Development Assistance Framework (UNDAF) 2012-2016 as a mechanism to achieve national priorities (Novovic et al. UNDAF Mid-term Review 2015). The UNDAF is guided by the goals and targets of the Millennium Declaration, which the Government has endorsed, and other national programmes and strategies. In 2014, the UNDAF 2012 – 2016 was extended to align with the National Sustainable Development Strategy 2013 – 2017. The UNDAF is organized around three distinct, but interlinked areas of cooperation to be achieved through seven outcomes. The three pillars of focus with their respective outcomes are:

1) Peace and Cohesion, Effective Democratic Governance, and Human Rights
   - Outcome 1: A national infrastructure for peace (at local, regional and national levels) involving government, civil society, communities and individuals effectively prevents violent conflict and engages in peace building.
   - Outcome 2: By the end of 2016, the Government of Kyrgyzstan fulfils key recommendations of the Universal Periodic Review, Treaty Bodies and Special Procedures, and other obligations under the international law and treaties for the better protection of human rights.
   - Outcome 3: By 2016, national and local authorities apply rule of law and civic engagement principles in provision of services with active participation of civil society
2) Social Inclusion and Equity;
   - Outcome 4: By 2016, vulnerable groups benefit from improved social protection, namely: i) food security; ii) MCH/RH services; iii) nutrition; iv) education, v) STI/ HIV/ TB; vi) social protection services and benefits.
3) Inclusive and Sustainable Job-Rich Growth for Poverty Reduction.
   - Outcome 5: By the end of 2016, population, especially vulnerable groups, benefit from inclusive growth leading to decent and productive employment and improved access to productive natural resources, markets, services and food security.
   - Outcome 6: By the end of 2016 sustainable management of energy, environment and natural resources practices operationalized.
   - Outcome 7: By the end of 2016, Disaster Risk Management (DRM) framework in compliance with international standards especially the Hyogo Framework of Action.

3.2. UNFPA Corporate Strategic response

In September 2011, following an extensive review of UNFPA's global portfolio and in light of the changing context within which UNFPA operates globally, a revised and more focused global UNFPA SP 2011-2013 was adopted by the Executive Board. Three important targets of the MDGs, including halving extreme poverty, had been met three years ahead of the 2015 deadline. However, progress on MDG 5 (A and B) to improve maternal health was much slower. While poverty had somewhat declined, inequality, including gender inequality, had not. The new UNFPA global SP[47] focused on advancing the right to SRH by accelerating progress towards MDG5. This was to be accomplished mainly through reduced maternal deaths and the achievement of universal access to reproductive health, including family planning.

3.3.The UNFPA Country programmatic response

As outlined in the TOR, UNFPA has been working in the Kyrgyz Republic since 1993. UNFPA is currently implementing its third Country Program, 2012-2016. The Country Program has been aligned with the national priorities, the MDGs, the ICPD Program of Action, Midterm Review of UNFPA SP 2011 – 2013 and consequently with UNFPA SP 2014 - 2017. When the UNDAF

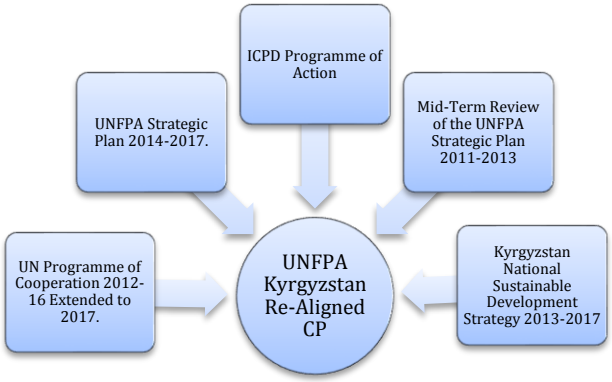
[47]UNFPA SP 2014-2017.

2012 – 2016 was extended to align with the National Sustainable Development Strategy 2013 – 2017, the UNFPA Executive Board approved extension of the UNFPA country program 2012 – 2016 until the end of 2017. The third Country Program contributes to improving the quality of life of people in the Kyrgyz Republic by supporting the above mentioned three UNDAF pillars.

Initially, the Country Program 2012 - 2016 had three outcomes that covered the following areas of UNFPA mandate: *Reproductive Health and Rights:* UNFPA is committed to improving access to and enhancing utilization of high-quality reproductive health and HIV information and services for women and men, particularly the most vulnerable. *Population and Development:* UNFPA aims to improve national capacity for policymaking based on reliable data. UNFPA provides support to the Government to help taking population factors into account for socio-economic planning, policy formulation, and the implementation of national development priorities. *Gender Equality and Empowerment of Women:* UNFPA's contribution to address gender equality mainly focuses on strengthening national mechanisms and capacity to prevent and respond to gender-based violence, including domestic and sexual violence.

Following the approval of the Country Program 2012 – 2016, the Midterm Review of UNFPA SP 2011 – 2013 took place and results became available. The CPAP 2012 – 2016 was developed and aligned with Midterm Review of UNFPA SP 2011 – 2013 in the beginning of 2012 and signed with the Government of the Kyrgyz Republic. In 2014, the CPAP's Results and Resources Framework was aligned with the UNFPA SP 2014 – 2017. At present, the third Country Program contributes to all four the SP 2014 – 2017 outcomes and relevant outputs. See Annex 4 for a summary of this re-alignment as it applies to UNFPA Kyrgyzstan, with four revised outcomes and six outputs. Figure 4 below, illustrates some of the key foundation strategy documents that form the basis for the UNFPA Kyrgyzstan's new alignment.

Figure 6. UNFPA Kyrgyzstan Re-Aligned Country Program linkages with National Strategy and Global Strategic Plans



The third Country Program is being implemented in close partnership with the Government of the Kyrgyz Republic. This includes collaboration with the Ministry of Foreign Affairs, Ministry of Health, Ministry of Economy, Ministry of Social Development[48], Ministry of Labour, Migration and Youth[49], Ministry of Emergency Situations, Mandatory Health Insurance Fund, National Statistical Committee, State Registration Service, State Agency on Religious Affairs, State Agency on Self-Governance and Inter-ethnic Relations.

[48] Ministry of Social Development was renamed to Ministry of Labour and Social Development in November 2015
[49] Ministry of Labour, Migration and Youth has been transformed into the service of migration and employment in November 2015

The financial assistance of the Programme approved by Executive Board foresaw a total of $5.3 million out of which $4.1 million from regular resources and $1.2 million through co-financing modalities and/or other resources. In addition, in 2014, UNFPA Kyrgyzstan succeeded in obtaining over US$ 1.5 million for three donor-supported projects that have been used to support the achievement of the four outcomes.

Logic Model: As shown below in Figure 5, a simplified logic model illustrates how planned activities in four focus areas are to achieve outputs that, in turn, will accomplish four major UNFPA SP Outcomes. These four major outcomes are to contribute to the above mentioned three UNDAF pillars and the overall UNFPA goal: "The achievement of universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda." The four focus area outcomes are as follows:

- Reproductive Health Outcome 1, Increased availability and use of integrated sexual and reproductive 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." Outcome 1 is to be achieved through three CPAP outputs aligned with the SP Results Framework: Output 1, Increased national capacity to deliver comprehensive maternal health services; Output 2, 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; and Output 3, Increased national capacity to provide sexual and reproductive health services in humanitarian settings.
- Youth 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. This Youth Outcome 2 is to be achieved through one aligned SP output: CPAP Output 4: 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.
- Gender Equality Outcome 3, Advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. This Gender Equality Outcome 2 is to be achieved through one aligned SP output: CPAP Output 5, Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.
- Population and Development Outcome 4, Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality. This Outcome 4 is to be accomplished through one aligned SP output: CPAP Output 6, 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).

As shown in Annex 7, which maps program activity by region and program focus area, the current UNFPA Kyrgyzstan CP covers a wide number geographic locations, in seven Oblasts and two cities (See Annex 7: Matrix of UNFPA Kyrgyzstan CP Program Activities by Region and Implementing Partners (IPs)). Many of the current strategies are a continuation or expansion of work started in the initial stage of the cycle.

Figure 7. Simplified Logic Model for UNFPA Kyrgyzstan 2014 Aligned CP Framework

UNFPA Goal: **Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.**

K.R. UNDAF Pillars: **1. Peace and Cohesion, Effective Democratic Governance, and Human Rights,**
2. Social Inclusion and Equity, and
3. Inclusive and Sustainable Job-Rich Growth for Poverty Reduction

Reproductive Health and Rights Program Area

SP Outcome 1

Activities

Activity 01.
Activity 02.
Activity 03. etc.

CP Output

ATLAS code: KYR3U201

CPAP Output 1: Increased national capacity to deliver comprehensive maternal health services.

ATLAS code: KYR3U202

CPAP Output 2: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.

ATLAS code: KYR3UHUM

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

SP Outcome

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.

Youth Program Area

SP Outcome 2

Activities

Activity 01.
Activity 02.
Activity 03. etc.

CP Output

ATLAS code: KYR3U603

CPAP Output 4: 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.

SP Outcome

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.

Gender Equality and Empowerment of Women Program Area

SP Outcome 3

Activities

Activity 01.
Activity 02.
Activity 03. etc.

CP Output

ATLAS code: KYR3UGEQ

CPAP Output 5: Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.

SP Outcome

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

Population and Development Program Area

SP Outcome 4

Activities

Activity 01.
Activity 02.
Activity 03. etc.

CP Output

ATLAS Code: KYR3U705

CPAP Output 6: 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).

SP Outcome

SP Outcome 4. Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality.

3.4.The country programme financial structure

As shown below in Table 6A, the original Country Programme 2012-2016 approved by Executive Board in 2011 had a budget total of $5.3 million for the 5-year programme, $4.1m in core funds and $1.2 m to be raised from non-core resources. This budget made a major commitment (49%) to RHR. As outlined by the TOR, the CPAP for 2012-2016 was developed and aligned with the Midterm Review of UNFPA SP 2011-2013 in the beginning of 2012. In 2014, the CPAP's Results and Resources Framework was re-aligned with the UNFPA SP for 2014-2017. As a consequence of the revised programme based on the global UNFPA SP for 2014-2017, the revised 2014 budget, shown below in Table 6.B, is quite different from the initial planned budget, shown below in Table 6 A. This new results and resources framework contributes to all four of the global UNFPA SP Outcomes and relevant Outputs and decreased the RHR related budget from 49.1% to 46.6% of the total (See Table 6B below). RHR, especially Maternal Health Services and FP services, were anticipated to be the priority areas at 24.7% and 21.0% of the total budget respectively[50]. (The tables are based on finance templates kindly prepared by UNFPA Kyrgyzstan). In addition, the Youth Outcome 2 was allocated 26.1% of the budget and the funds for PD Outcome 4 were reduced from 22.6% to 10.9%. In addition, UNFPA Kyrgyzstan provided contraceptive commodities to the Government of Kyrgyzstan valued at $1.4 million from 2012-2015 (See Table 6D). In 2014, UNFPA Kyrgyzstan obtained US$1.55 million for three additional donor-supported Peace Building Projects (PBF). These additional funds are integrated and contribute to the following outputs of the CPAP: SRH in emergencies, youth and gender. (See Table 6C):[51]

- *Building the evidence base to facilitate gender responsive policy and programs for equality and lasting peace in Kyrgyzstan*: (with UN Women and IOM, UNFPA component is $248,401 for 2 years).
- *Youth for Peaceful Change:* (with UNDP and UNICEF, UNFPA component is $481,500 for 2.5 years).
- *Multisectorial Cooperation for Inter-ethnic Peace Building in Kyrgyzstan:* (solely managed by UNFPA, $822,140 for 2 years).

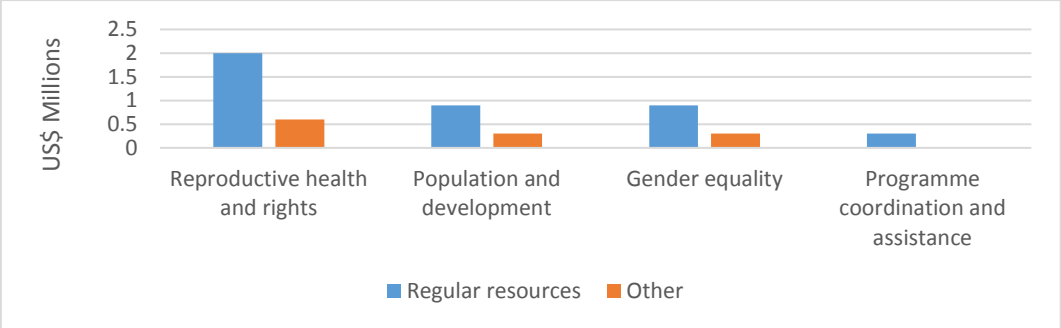
[50] The total amount shown for Output 2 includes $37,657 for HIV. When this is excluded, FP is 18.2% of the total 2014 budget.

[51]UNFPA KR also had two other projects early on: a joint project with UN Women: Fund code UJA15 "Response to GBV in post emergency, Women building Peace, Trust and Reconciliation in Kyrgyzstan" Amount: US$80,000. Duration: March 2011-2012, and project with UNICEF and WHO, 2010-2013, Fund code UDB12 "Ensuring Access to Affordable Health Services in the Targeted Areas of the Country for Women of Reproductive Age and Children" Amount: US$305,903. Duration: 2010-2013. These are not considered in this financial overview.

Table 6. Original UNFPA Kyrgyzstan Budget as of 2011 and Revised Budget in 2014

6.A Original UNFPA Kyrgyzstan Budget as of 2012 in US$ Millions				
	Regular resources	Other	Total	% of Budget
Reproductive health and rights	$ 2.00	$ 0.60	$ 2.60	49.1%
Population and development	$ 0.90	$ 0.30	$ 1.20	22.6%
Gender equality	$ 0.90	$ 0.30	$ 1.20	22.6%
Programme coordination and assistance	$ 0.30	$ 0.00	$ 0.30	5.7%
Total	$ 4.10	$ 1.20	$ 5.30	100.0%
6.B Actual UNFPA Kyrgyzstan Budget as of 2014				
CPAP to SP 2014-2017 as of 15.12.14	Regular resources	Other	Total	% of Budget
RHR - Outcome 1 Output 1 SP Output 3. Maternal health services [52]	$334'819	$0	$334'819	24.7%
RHR - Outcome 1 Output 2 SP Output 2. Contraceptives, FP and HIV	$52'499	$232,059	$284,558	21.0%
RHR - Outcome 1 Output 3 SP Output 5. SRH in humanitarian settings	$13'383	$0	$13'383	1.0%
			Sub-Total	(46.6%)
Youth - Outcome 2 Output 4 SP Outputs 6&7. Adolescents and youth	$237'035	$116'887	$353'922	26.1%
GE - Outcome 3 Output 5 SP Output 9. Advancing RRs and GE	$37'275	$185'732	$223'007	16.4%
PD - Outcome 4 Output 6 SP Output 12. Quality disaggregated data	$148'360	$0	$148'360	10.9%
Total	$823'371	$534,678	$1,358,049	100.0%
Outcome 5. Organizational Effectiveness and Efficiency				
Output 1. Enhanced program effectiveness	$8,570	0	0	0
Output 2. Improved mobilization, mgmt. of resources	0	0	0	0
Output 3. Increased adaptability through innovation, partnership.	0	$800	0	0
Total	$8,570	$800	0	0
6.C Additional Funds added to UNFPA Kyrgyzstan Budget as of 2014	Start Date	End Date	Budget codes	Amount
Evidence base to facilitate responsive gender policy and programs	2014	30.09.2016	UJA40	$248,401
Youth for Peaceful Change	2014	30.09.2016	UJA32	$481,500
Multisectorial Cooperation for Inter-ethnic Peace Building	2014	29.02.2016	UJA31	$822,140
6.D Value of Contraceptive commodities provided 2012-2015				$1,430,187

Figure 8. Original CP 2012-2016 budget by program area and budget source



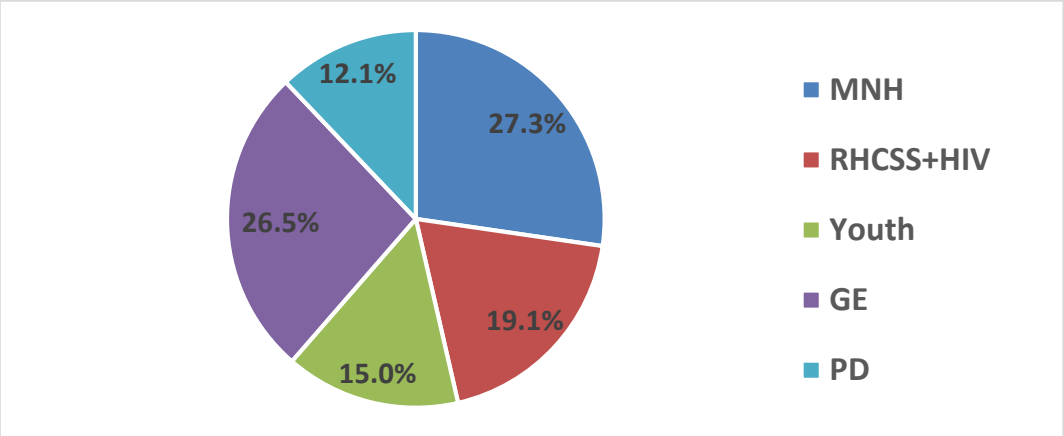
The total expenditure evolution table (see Table 7 below) and the related figure (Figure 7 below) depict the cumulative total budget versus expenditure distribution in the CP for the initial five-year period of 2012 -2015. The overall actual allocations of expenditures for RHR during the first four years were close to the initial level proposed; 46% of expenditures have been devoted to RHR: 27.3% for MNH and 19.1% for RHCSS, FP, HIV and SRH in Humanitarian Emergencies.

[52]The total amount of regular resources shown for Output 1 in RHR is biased upward compared to Outputs 2 and 3 by the inclusion of salaries of four employees of RH staff and UN cost sharing such as common premises, utilities, maintenance. These salary and UN cost sharing expenses are not reflected in the RHR Outputs 2 and 3, which only reflect programme activities.

Table 7. Expenditure evolution 2012-2015 in US$

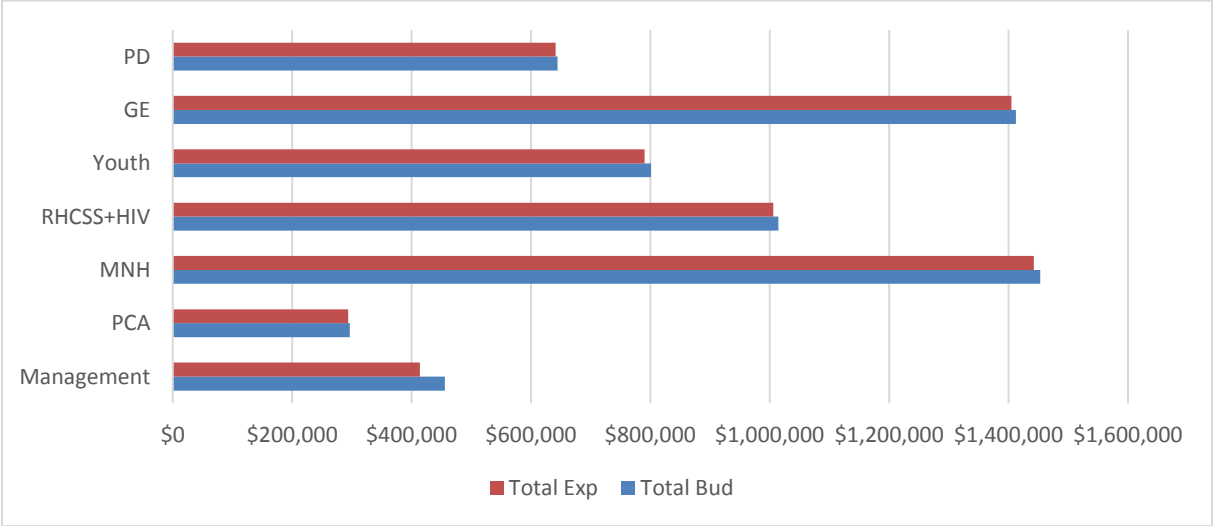
2012-2015	Total Budgeted	Total Expended	% Expended	% of Total Expended
MNH	1,453,002	1,442,558	99.3%	27.3%
RHCSS+HIV	1,014,700	1,005,632	99.1%	19.1%
Youth	801,214	790,318	98.6%	15.0%
GE	1,412,523	1,405,028	99.5%	26.5%
PD	644,686	641,192	99.5%	12.1%
Total	5,326,124	5,284,728	99.2%	100.0%

Figure 9. Percentage of total expenditure by program area for 2012-2015



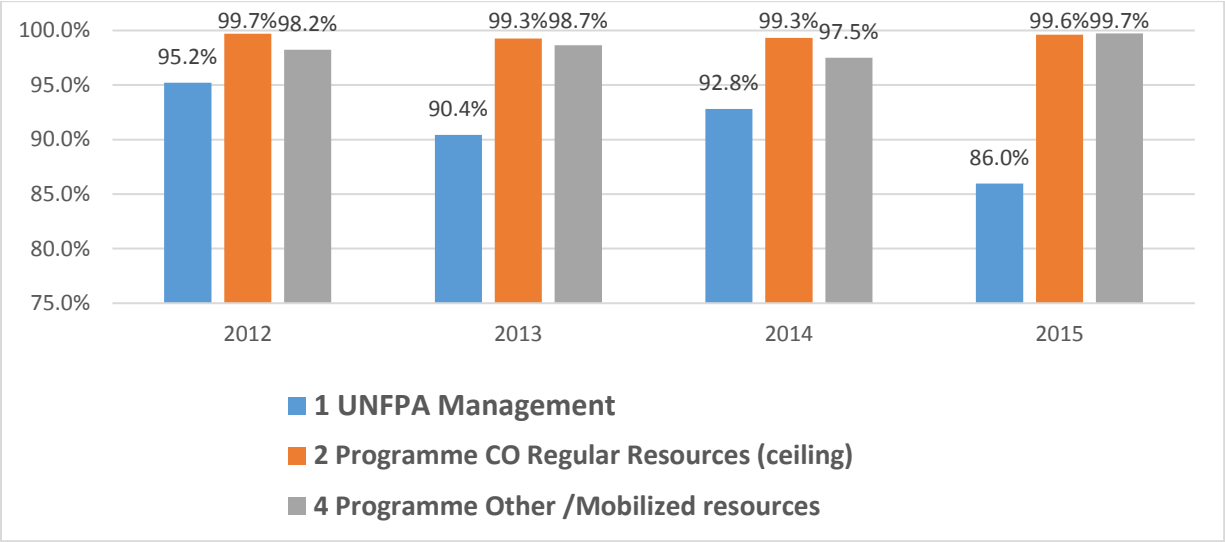
Percentage of Budget Expended: A snap-shot comparison of the cumulative budget versus cumulative expenditure shows very little under-utilisation of allocation throughout the Country Programme period 2012-2015. The graph below (Figure 8) shows budget distribution and expenditure distributions by programme area. As shown in Figure 8 below and Table 7 above, all but one programme areas are expended at 98% or more. The only exception, program management, is 91% expended (Data for program management are not shown in Table 7; they are shown graphically in Figure 8).

Figure 10. Budget and expenditure distribution by programme area for 2012-2015



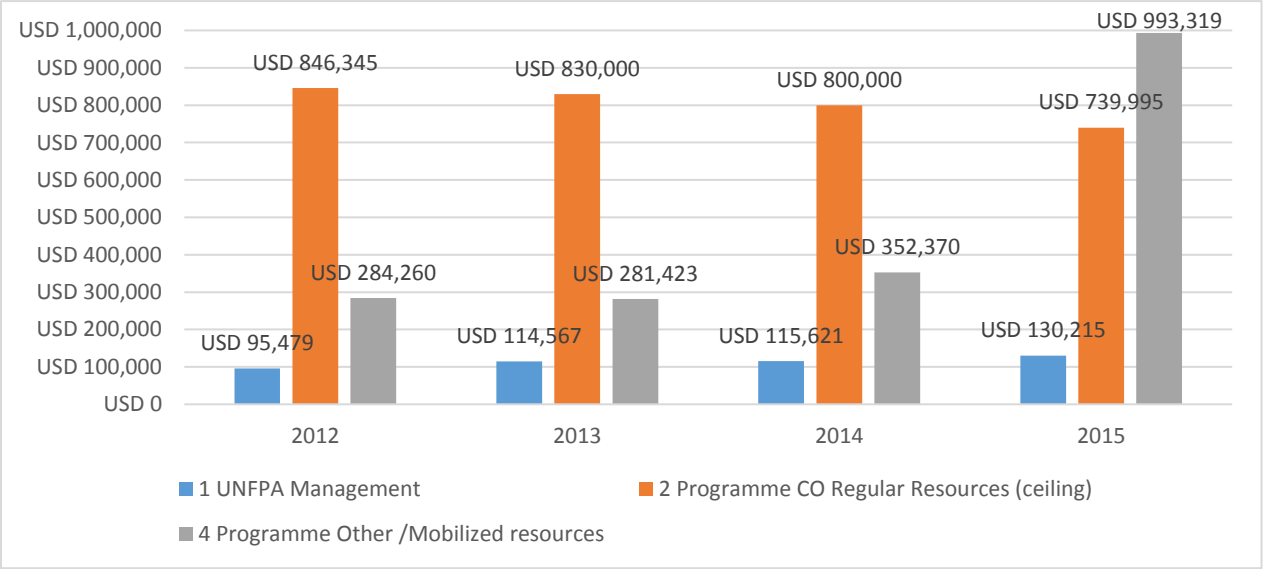
As shown below in Figure 9, when disaggregated by source of funding, the percentage of budget expended exceeds 90% for all funding sources, except in 2015 for UNFPA Program management, which was 14% under-expended.

Figure 11. Percent of funds budgeted that were expended by source of funding by year: 2012-15[53]



Diversification of funding sources: As shown below in Figure 10, UNFPA Kyrgyzstan has been successful in securing funding from Mobilized resources, especially in 2014 and 2015. The proportion of funds secured from mobilized resources went from 23% in 2012 to 28% in 2014 and 53.5% in 2015. This was mainly due to the large US$1.55 million tranche of Peace Building funds received in three projects (two projects in 2014 and one in 2015). Apart from a small amount (1% of the total budget, just US$11,600) in 2012, UNFPA Kyrgyzstan has received no Programme Regional Regular Resources (This amount was too small to be shown in the figure below).

Figure 12. Budget by funding source by year from 2012 through 2015



[53] Figures 9 and 10 do not include a total of $369,240 in regional funds awarded to UNFPA KR from 2012-2015 for RHCSS activities, which were 98% expended.

CHAPTER 4. Findings: Answers to the evaluation questions

4.1 Sexual and Reproductive Health

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners? **1.B.** To what extent does the current programme reflect UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs? **1.C.** To what extent was the country office able to respond to changes in the national development context?

Summary Finding – Relevance of RHR Program Area Based on stakeholder interviews, site visits and review of pertinent program documents, the current SRH programme activities are consistent with and tailored to the needs of beneficiaries and partners. UNFPA KR SRH activities are entirely consistent with UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs. The UNFPA KR program has demonstrated remarkable resilience in responding to changes in the national development context, such as a 2012 flare-up in parliamentary representatives' opposition to reproductive health education materials. UNFPA KR has also been responsive to the serious outbreak of GBV in the southern regions through implementation of capacity building to provide sexual and reproductive health services in humanitarian settings. Stakeholders pointed out that UNFPA KR-supported HIV programmes are being responsive to a recent increases in sexual transmission of HIV.

The UNFPA KR programme has a firm foundation in a wide range of nationally representative surveys and assessments that has informed the design and implementation of activities to meet the needs and expectations of beneficiaries and partners. Stakeholders pointed out that the KR stands out as one of the best examples among CIS nations, where strategic assessments were carried out before the specific activities were tailored to the needs of beneficiaries and partners (stakeholder interviews). As demonstrated by 2015 Joint Annual Review, more than eight separate in-depth studies and assessments related to maternal health protection have been completed from 2012 through 2014.[54] These assessments have led directly to the design of activities and protocols to address key reproductive health issues for Output 1 and Output 2; for example the first CEMD National Report led to the development, approval and introduction of two UNFPA-supported protocols, one pertaining to bleeding and another to induction (stakeholder interviews). The justification and design of interventions to address the need for UNFPA's enhanced FP training were based in part on the findings of the 2012 DHS and the 2014 MICS (COAR 2015). Similarly, UNFPA KR HIV programmes for key populations are informed by qualitative research (stakeholder interviews).

Based on stakeholder interviews and review of pertinent program documents, the portfolio of UNFPA KR SRH activities are entirely consistent with of UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs. For example, the Development as One Project, a collaboration between UNICEF, UNFPA and the WHO, explicitly cited the MDG4 and MDG5 and the subsequent MDG5 Acceleration Framework was explicitly designed to

[54] These include the DHS 2012, Outpatient and Hospital Care Quality Assessments 2012-2014, the MAF 2013, MICS5 2014, CEMD 2011-2012, the FP Situation Analysis 2014 and NMCR in Pilot Facilities 2014. See summary figure in Joint Annual Review National Health Care Reform Program of the KR "Den Sooluk" for 2012 –2016 Priority Area: Maternity and Child Health Protection by Boobekova A.A., Head of Health Care Dpt, KR MOH November, 2015.

coordinate development partner responses to these two MDGs.[55] Stakeholders from partner agencies repeatedly endorsed UNFPA KR work on SRH as consistent with the ICPD mandates for Reproductive Health and Rights, as exemplified by UNFPA supported FP training based on WHO guidelines for voluntary informed choice (stakeholder interviews).[56] The overall orientation of the UNFPA KR SRH portfolio has been carefully aligned with the global UNFPA Strategic Programme for 2014-2017, with a decreased emphasis on service delivery and contraceptive procurement, and greater emphasis on policy and capacity building (COAR 2015, See Annex 4 Alignment of Kyrgyzstan 2012-2016 CPAP with IRF of SP 2014-2017). The UNFPA KR program has demonstrated remarkable resilience in responding to changes in the national development context, such as a 2012 flare-up in parliamentary representatives' opposition to reproductive health education materials. UNFPA KR responded effectively through strategic diplomatic advocacy and long-term constructive engagement with traditional religious leaders to promote gender equitable RH/FP as part of Output 2. UNFPA KR has also been responsive to the serious outbreak of GBV in the southern regions through implementation of capacity building to provide sexual and reproductive health services in humanitarian settings under Output 3, working closely with key ministries in some of the most culturally conservative Oblasts of the KR (stakeholder interviews). Due to its long-term commitment to and expertise in SRH programmes, UNFPA CO-supported HIV program activities have been responsive to a recent emerging trend toward a greater proportion of new HIV cases through sexual transmission.

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's planned outputs and outcomes achieved? If so, to what degree? **2.B.**To what extent did the outputs contribute to the achievement of the Strategic Plan outcomes? **2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of RHR Programs All three of the RHR Outputs for Outcome 1 have been achieved to a significant extent; these achievements have clearly contributed to the achievement of the SP outcome, the increased availability and use of integrated sexual and reproductive services (including family planning, maternal health and HIV). All of the indicators for the three RHR Outputs (for both the initial CPAP for 2012-2013 and for the Aligned CP for 2014-17) have been met or exceeded or are on track to be completed by 2017. There is evidence of significant progress for Output 1 for improved capacity in MCH services and these improvements are likely to reduce maternal and perinatal mortality. For example, there is a clear evidence of success in the MAF development and implementation process: strong assessment process, strong support for confidential audit of maternal deaths, near miss case review, protocol development and trainings on EmOC with supportive supervision. While there is clear evidence of progress in multiple activities for Output 2, to increase national capacity for quality family planning services, there were concerns that a) the current UNFPA supported FP trainings do not address an acute need for competency-based training for FP provider clinical skills, such as IUD insertion, b) there is insufficient demand generation at the community level, and c) that acute shortages in FP commodities are imminent. Despite a limited budget, UNFPA does exceptional work on HIV and AIDS, especially in the context of key

[55] See DAO Findings (Osh and Batken up to 2013) Delivering as One MPTF office generic final programme narrative report reporting period: from 1 January 2010 to 31 December 2013. "Ensuring Access to Affordable Health Services in the Targeted Areas of the Country for Women of Reproductive Age and Children. Programme Number: 00074587. MPTF Office Project Reference Number: 3 SC100158-UNICEF"

[56] Also, the WHO "Beyond the Numbers" methodology explicitly cites the policy commitments to reduce maternal mortality as endorsed by the "International Conference on Population and Development (Cairo 1994) and the Fourth World Conference on Women (Beijing 1995) as well as their respective five-year follow up conferences, and more recently in the Millennium Declaration in 2000."WHO. Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer. 2004.

populations. Despite being a recent program with a relatively small budget, UNFPA has made strong headway toward the achievement of Output 3. Increased national capacity SRH services in humanitarian settings. Due to the failure of KR medical education to provide competency-based training in clinical skills, there is an acute lack of health providers with adequate clinical skills, such as C-section, neonatal resuscitation and IUD insertion. The trend toward religious conservatism may have been a factor in limiting access to and demand for SRH services in KR. Facilitating factors contributing to UNFPA KR success in the RHR program area include the CO's long-term collaboration among development partners and stakeholders in GoKR Ministries.

Based on an in-depth review of national and regional data, program documents and stakeholder interviews, with some caveats to be presented below, all three of the RHR Outputs for Outcome 1 have been achieved to a significant extent. As discussed below, all of the indicators for the three RHR Outputs (for both the initial CPAP for 2012-2013 and for the Aligned CP for 2014-17) have been met or exceeded or are on track to be completed by 2017. The achievement of these outputs has made a major contribution to the achievement of Outcome 1, an increased availability and use of integrated sexual and reproductive 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. Under Output 1, Increased national capacity to deliver comprehensive maternal health services, there is strong evidence of significant progress for improved capacity in MCH services. These improvements are likely to reduce maternal and perinatal mortality. As noted above in the section on relevance, stakeholders from partner agencies repeatedly endorsed UNFPA KR work on SRH as consistent with the ICPD mandates for Reproductive Health and Rights, as exemplified by UNFPA supported FP training based on WHO guidelines for voluntary informed choice. UNFPA KR supported trainings on FP are guided by a series of clinical protocols based on WHO Guidelines on medical eligibility for contraceptives, including the medical eligibility criteria wheel for contraceptive use, and WHO recommendations for counselling skills and human rights, that were developed and approved by the MoH with UNFPA support. The UNFPA supported efforts toward YFHS are informed by the 2012 WHO approach to developing national quality standards for adolescent friendly health services, which advocates adherence to the UN Convention on the Rights of the Child for equitable access to services (desk review, site visits and stakeholder interviews).[57]

There is a clear evidence of UNFPA CO success through its role in the development and implementation of the MAF action plan: strong assessment process, strong support for CEMD, NMCR, protocol development and trainings on EmOC with supportive supervision. 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 to identify key areas of pregnancy, childbirth and neonatal care that need to be improved. The UNFPA CO also provides in-service training in emergency obstetric care followed by monitoring and supportive supervision. During these supervisory visits, special attention was given to developing facility-based plans for improvement of clinical emergency obstetrics practices, identification of measurable indicators and improvement of management and team work of health facilities. While the MDG5 for reduction of the MMR has not been achieved, stakeholders at both the national and regional level provided evidence for significant improvements in emergency obstetric care that are directly linked to UNFPA KR-supported activities.[58]

[57] (WHO 2012 Making Health Services Adolescent Friendly. Page 32 http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf).

[58] 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) (Source: UNFPA KR staff).

While stakeholders stress that data for maternal mortality should be treated with caution and not to over-interpret recent trends, they agree that recent improvements are likely to have reduced the risk of maternal death and morbidity (stakeholder interviews).[59] Examples include the development and approval of several UNFPA supported EmOC protocols (such as the introduction of protocols on placental abruption, placenta praevia, thrombus on EmOC, dystocia shoulders, vacuum extraction, postpartum sepsis, prolonged and obstructed labour, postpartum haemorrhage and induced labour). UNFPA supported practical EmOC trainings and introduced clinical protocols in the south, north region by involving the Kyrgyz Medical Postgraduate Training Institute. UNFPA provided an updated EPC package at the national level and supported EPC trainings with supportive supervision in Talas Oblast, which has resulted in a significant reduction in the use of general anaesthesia methods and reduction in eclampsia at the national level[60]. Stakeholders repeatedly cited the importance of UNFPA KR support for the roll-out of the WHO "Beyond the numbers" methodologies in identifying priority interventions to help reduce maternal mortality.[61] Based on the UNFPA supported First Report for the CEMD, there have been improved measures to provide emergency transport in Talas and nationally (stakeholder interviews, data available on request). In 2010-2013 UNFPA and UNICEF implemented a project "Ensuring access to affordable health services in targeted areas of the country for women of reproductive age and children" in 20 maternity hospitals in Batken and Osh provinces and in one tertiary level referral hospital on the national level. It was reported that due to the implementation of the effective perinatal technologies, care practices improved and that there was a reduction of severe complications during pregnancy and after delivery, such as haemorrhage (-27%)[62]. UNFPA-supported birth preparedness programs were associated with increased knowledge on pregnancy and labour (Delivering as One (DAO) Findings for Osh and Batken up to 2013).[63]

There is a clear evidence of success in rolling-out EPC trainings and supportive supervision visits in Talas, with positive preliminary evidence of impact in recent data for neonatal indicators. There is strong support for continuation among Talas clinical staff, especially for supportive supervision. UNFPA supported interventions for Enhanced Prenatal Care training and supportive supervision in Talas were repeatedly cited as contributing to improved perinatal outcomes as a result of improvements in a wide range of practices (neonatal resuscitation, rooming in of mothers, skin-to-skin contact, umbilical cutting procedures, vertical delivery, management of eclampsia) (stakeholder interviews and initial trend data from Osh and Talas available on request). Despite these promising results, stakeholders cautioned that there are chronic problems in KR with pre-service training for OB/Gyns, Family Doctors, Nurses and Midwives. Practical training for clinical skills, such as C-section or IUD insertion, are not adequately addressed or are not addressed at all (stakeholder interviews).[64] Without short-term efforts

[59] "The WHO advises countries to use a 3-5 year moving average to illustrate trends, rather than annual values" (World Bank. MDG 5 Acceleration Framework: Progress Update and Policy Recommendations. Kyrgyz Republic. May 2015.2015).

[60] The Republic Medical Information Centre : eclampsia was the second most frequent cause in the structure of maternal death till 2012 (20, 5) and in 2013 it was (16, 4) and in 2014 it was (15 , 9).

[61] Stakeholders acknowledged that UNFPA has been a leader in supporting the confidential enquiry into maternal death (CEMD) and implementation Near Missed Case Review (NMCR), stating that it is difficult to overestimate the importance of these methods.

[62] Data provided by UNFPA KR.

[63] Results from 9 client exit interviews (6 for FP, 3 for ANC/birth preparedness classes), showed that all but one of the clients were satisfied with the services and quality of care: for three separate measures of satisfaction, all but one (8/9) rated their care positively. The one respondent who rated care negatively had a high risk pregnancy and had been waiting for 8 hours to get clarification on her status and was understandably quite anxious. Some of the open ended comments were insightful, "nowadays we have a lot of unintended pregnancies and many choose abortions, or deliver their babies and leave them; if people would be more literate in these issues, maybe we could avoid abortions and children left without parents;" Woman, age between 18 and 30, Trader on bazar (market) Talas Oblast FMC FP Cabinet. (data not shown, available on request).

[64] Stakeholders pointed out, "This is the weakest point of pre diploma [for midwives], you only get your real practical experience on the job" and "You can get an Ob/gyn diploma without having done a C-section. In residence they do not do a single C-section." See also, World Bank. MDG 5 Acceleration Framework: Progress Update and Policy Recommendations.

to improve medical education to be competency-based, it will be difficult if not impossible to sustain the progress made so far.

There is a clear evidence of impressive progress in multiple activities for Output 2, 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. As noted above, low contraceptive prevalence in the KR is a major contributor to maternal mortality and family planning should be considered an important intervention to prevent maternal mortality (S. Ahmed et al. Lancet. 2012).

UNFPA KR, working with religious leaders and the Republic Health Promotion Centre, developed the Stepping Stones (SS) manual for religious figures (Russian and Kyrgyz versions), which is a participatory training package, to address the Safe motherhood, reproductive health and right issues. The CO supported the "Family Planning in the Legacy of Islam" book, which was developed in two languages (Russian and Kyrgyz), approved by the Council of Ulems (Ulem-is a legislative authority among Muslims). The book was introduced in the Madrasas and Islam university as a training curriculum and widely presented among religious community.

The capacity building for CHANNEL Logistics Management Information System software system and the associated procurement and instalment of over 60 computers has now been completed in all 8 regions with an LMIS assessment scheduled for 2017. This is a major accomplishment. Based on site visits and stakeholder interviews, it was clear that the system, at least at the Oblast level, is being used effectively to monitor the stocks of contraceptives according to type and expiration status. Several stakeholders had a current knowledge of the current status of the pipelines for specific methods. The system permits regions to identify locations where there are stock outs and where there is excess supply that can be shared with locations that lack supplies.[65]

UNFPA KR is working with key stakeholders to ensure that women from vulnerable groups have access to contraceptives. Currently, there are four types of contraceptives available in Additional Drug Package (ADP) at the Primary Healthcare level. If prescribed by PHC providers, women can get these contraceptives at pharmacies at discounted price. UNFPA KR is working with MHIF to increase the number of prescriptions for contraceptives. UNFPA KR is also working with the MoH to increase the number of contraceptives in the list of essential medicines and ADP at the PHC level. Some women from vulnerable groups are entitled to the State Guaranteed Benefits Package (SGBP) if they are in the list of diseases and conditions eligible for the SGBP. UNFPA KR is working with the MHIF and Ministry of Labour and Social Development (MLSD) to ensure that women from vulnerable groups who are entitled to social assistance from MLSD are also eligible for free or discounted contraceptives under the SGBP. All insured women will be able to purchase medicines in pharmacies at 50-60% discount.

The UNFPA KR has purchased over USD$1.4 million worth of contraceptives from 2012 to the 2014 ($879'836 for condoms and $550'351 for all other methods). At the same time, UNFPA KR staff have made strenuous efforts to encourage the MoH to start procurement of contraceptives for vulnerable women. This strategy is entirely appropriate as part of an effort to achieve long-term sustainability for

Kyrgyz Republic. May 2015.2015). UNFPA KR staff agreed there is a need for practical teaching methods on caesarean section for doctors; the UNFPA KR and WHO KR currently do not have a specific document on practical simulative training for C-Section, countries of Eastern Europe and Central Asia are not holding workshops for caesarean section.

[65] Based on copies of CHANNEL reports received from the RMIC, there were stocks outs of one or more methods in all but one regions (Bishkek), an average of two per region (data not shown, available on request).

a country that has acquired lower middle income status. As part of this effort, UNFPA KR has been very proactive, giving the MoH a long advance notice of its decision to end procurement in 2015 (UNFPA provided the last supplies of Depo in 2014, in the amount of $40 thousand dollar and the same amount in 2015). UNFPA has been working with key stakeholders, including the national mandatory insurance system, to define vulnerable populations who will be eligible for insurance coverage for family planning methods. UNFPA KR has successfully advocated for the establishment of a Mandatory Health Insurance Fund (MHIF) program for all uninsured pregnant women to have access to an Additional Drug Package at the PHC level under the State Guarantee Benefit Package. This will allow women to purchase medicines from pharmacies at a significant discount of 49 to 62%. As a result of UNFPA advocacy since 2012, four contraceptives were included into the Additional Drug Package: Regividon. Oralcon, Triregol, and IUDs. In addition, in 2016 two contraceptives: Depo-Provera and Regulon were added into the Additional Drug Package based on WHO guidelines and recommendations (Data provided by UNFPA KR).

Unfortunately, the MoH has yet to decide if it will purchase contraceptives for vulnerable women and the MoH inventory of contraceptives is dwindling with one pipeline projected to be empty as early as December 2016 (the supply of microgenon is forecast to run out by 12/2016). Based on the CHANNEL Forecast Software programme, Marvelon stocked out in Osh, Naryn and Republic Center in May 2016, IUDs will stock out on March 2017, Condoms in January 2017, Depo, Navy and Zinnia in the second half 2018. Based on interviews with stakeholders at the national and regional level, at both management and service delivery level, this gap in procurement is causing a great deal of stress.[66] Several service providers predicted that a failure to maintain supplies within the MoH system will force clients to use the private sector, which is expensive with an uneven availability of methods, and will result in an increase in abortions.[67]

Based on data received from the Mandatory Health Insurance Fund, for the initial year of the benefit package for uninsured pregnant women in 2015, out of a total of USD$ 744,118 [68] in disbursements, 83% (USD 614,706) were for women in hospitals for 8,906 cases treated in hospitals associated with abortion[69]at an average cost of USD 69.00 each (data not shown, available on request). The remaining 17% of disbursements were for prescriptions for iron supplements and iodine prep and other prescriptions related to pregnancy, childbirth and post-natal care. No disbursements were reported for any types of contraception. It should be noted that the cost of these 8,906 cases treated in hospitals associated with abortions for just one year in 2015, exceeds the total amount of funds spent by UNFPA to purchase all contraceptives from 2012-2014 except condoms: USD 550,351 for all CUT380A IUDs, MICROGYNON30 OCs and Depo-Provera Injectables (data not shown, available on request).

[66] One health provider said very gravely, "We are morally ready to face the consequences of shortage of contraceptives and inform our clients that they will no longer be able to get contraceptives from us."

[67] UNFPA KR is making strong efforts to support an initiative to apply the Total Marketing Approach and market segmentation analysis to help expand availability of contraceptives through the private sector. Some respondents were concerned that the TMA process was a long-term open-ended approach that cannot address the urgent need to refill the pipelines for family planning commodities before they run out (stakeholder interviews).

[68] Using Kyrgyz SOM to USD exchange rate of 68 as of April2016.

[69]These cases treated in hospitals are not to be confused with routine safe abortion (MVA, EVA, medical abortion). They are instances where women require a hospital stay related to care for spontaneous, incomplete, early spontaneous abortion, missed abortion, abortion in progress, which is covered under mandatory health insurance for treated cases if women should require a stay in hospital with general endotracheal anaesthesia/narcosis.

As noted in the KR MAF document from 2013, for every dollar invested in family planning, over 5 dollars of accrued benefits are achieved (MAF 2013[70]). If the MoH decided to provide free contraceptives to KR women of reproductive age in the context of high quality care and strong demand creation efforts, it is very likely that the investment would be more than offset by the reduced number of unintended pregnancies, abortions and miscarriages paid for by the MHIF, not to mention the concomitant reductions in maternal mortality and morbidity associated with unwanted and unintended pregnancies. It should be feasible to support a study of the economic dimensions of contraception to help the MoH in its decisions on procurement.

UNFPA KR has conducted a large number of trainings on FP (over 1,100 trained in more than 50 trainings as of 2016; 97% of these trainees were women: 1096 women, 34 men) which are guided by a series of clinical protocols based on WHO Guidelines on medical eligibility for contraceptives, counselling skills and human rights that were developed and approved by the MoH with UNFPA support (COAR 2013, 2014 and 2015). The success in developing and disseminating these evidence-based protocols through widespread trainings in all regions is evidence of success toward the achievement of Output 2. Based on stakeholder interviews, 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.[71] As reported by UNFPA KR, training participants were carefully selected by oblast FP coordinators based on functional responsibilities of health care workers in health facilities, employees who directly carried out consultancy and services on FP. Based on UNFPA's monitoring visits, participants noted that these trainings were very helpful.

While this UNFPA KR FP training approach is impressive, there are four important concerns that were noted:

1. Despite the care in selecting training participants, some stakeholders expressed concern that some participants in these trainings were not actually motivated to provide SRH services, but were simply attending the four-day trainings to get 32 hours of CME credit.
2. There is a concern that the four-day trainings, while rigorous and comprehensive, do not provide practical competence-based clinical skills training with actual clients. This is a serious problem given the well-known chronic shortage of qualified FP practitioners in KR. This shortage is part of a wider problem of the whole health care system due to turnover of health staff and low salaries. Family medicine doctors, unless they are former OB/gyns, are rarely willing to do IUD insertions and OB/Gyns are reluctant to allow midwives to acquire these skills. Stakeholders reported that only a quarter of the needed medical doctors were on staff at the Rayon level and that most of the staff who are competent to do IUD insertion were near retirement age. Family planning trainers agreed that participants in the trainings would need additional competency-based training; the FP Trainers felt that trainees would need to do a minimum of five IUD insertions under supervision before they would be competent and sufficiently confident in their ability to insert IUDs independently.[72] This

[70] "In view of the reduced coverage of contraceptives, the issue of abortion in the Kyrgyz Republic has gained particular importance. Thus, according to reported data, seven of 10 pregnancies end up in abortion… According to data from the study of the economic dimensions of contraception, every dollar invested by the government in family planning allows savings up to US$6 in health care by preventing unintended pregnancies, abortions and miscarriages." Page 34, KR MAF, Nov 2013.

[71] The program is a 4-day training course which has been developed based on WHO TOT course and integrated the curriculum into the Kyrgyz Medical Institute postgraduate training , which includes counselling unit, all the methods of contraception including simulative clinical session for insertion IUD for 4 hours for all participants.

[72] Based on a review of the literature there was variation in recommended experience in supervised insertions. There were references to a minimum of 5 to 7 for doctors and a minimum of 5 to 10 for nurses. For three examples see: http://sogc.org/events/westcentral-cme-2016/welcome/ , http://onlinelibrary.wiley.com/doi/10.1002/tre.122/pdf , and https://www.fsrh.org/documents/iut-trainingrequirements/

is a serious gap in the current the post-graduate institute FP training program,[73] as over time there are a decreasing number of skilled family planning practitioners. Fortunately, there is a basis for optimism that midwives and family medicine doctors could acquire high levels of competence for IUD insertion as well as other FP methods (stakeholder interviews). There is a well-established precedent of a certification course for midwives to do IUD insertion that was approved by the MoH in 2006-2009 for piloting in two oblasts; the program achieved coverage in Djalal-Abad oblast, including all five of the rayons in mountainous Naryn.[74] It should be acknowledged that there are important challenges to re-instituting this type of training: absence of national competency standards for midwives to insert and remove IUDs, lack of staff to provide the training and mentoring, lack of IUD clients for supervised insertion, lack of funds, difficulty in getting trainees to take more than a week off of work for training, and ambiguity concerning current MoH regulations on which cadre are permitted to do IUD insertions. UNFPA-KR has worked closely with the Midwives Association in the past on training and it would be appropriate to work with Association toward re-instituting the IUD insertion training, for all health cadre, not limited to just midwives, but inclusive of family doctors, and ObGyns.

3. In many cases, the trainers are employed by other agencies. UNFPA, nonetheless contracts with them directly, instead of through their employers. Stakeholders commented that this was not efficient (presumably less costly to work through the employer) or sustainable (ultimately training should eventually be supported by the trainer's agency with Gvt. of KR funding). It would be more efficient and sustainable for UNFPA to revise its hiring practices, so that trainers are hired through their employers and not hired directly.
4. While training is likely to improve the quality of care, it is at best an indirect approach to increase demand for services. Several stakeholders felt that the UNFPA CO was too focused on medical workers and cited the need for more community-oriented work to encourage greater awareness and demand for FP. Based on review of documents and stakeholder interviews, it is clear that UNFPA has been supporting promising community outreach strategies, such as the activity implemented by FPA which has documented an increase in use of OCs based on work with village health committees (VHC)s. These ongoing practices are limited a small number of rayons, but are a possible model for demand creation.

HIV: Despite a limited budget, UNFPA does exceptional work on HIV and AIDS, especially in the context of key populations. Based on stakeholder interviews, document review, site visits and FGDs with client/beneficiaries UNFPA KR has been a long-term advocate for addressing the needs of key populations in its HIV programs with a special focus on SRH, including contraceptive choices and triple prevention of HIV, STIs and unintended pregnancies. UNFPA KR has been responsive to recent trends toward an increase in the number of sexually transmitted HIV cases among women.[75] Stakeholders reported that UNFPA KR long-term commitment to women's SRH and family planning gives it a special perspective and comparative advantage for working with key populations. The UNFPA CO in

[73] UNFPA does not implement the FP training programme. This FP training programme was integrated into the Kyrgyz Medical postgraduate Institute. There is a need to redesign training programme with UNFPA support by focusing on practical sessions to provide competency-based clinical skills.

[74] USAID supported an intensive competency-based FP training course for midwives that provided theoretical training plus four days of clinical skills training followed by six months of monitoring visits for supportive supervision to observe practice at the locations, where the midwives worked. Certification was contingent on confirmation of sufficient clinical skills and confidence as validated based on onsite observation. This program was approved by the MoH and was reported to have been incorporated into the post-graduate training program. The program was reported to have been implemented in all rayons on Naryn Oblast. Based on the MICS5 2014, Naryn currently has the highest contraceptive prevalence of any region, (due to a high use of IUDs) as well as the lowest overall level of unmet need (Stakeholder interviews. See MICS5 2014 Final Report, Tables on contraception and unmet need by region).

[75]"New data indicated an increasing share of heterosexual transmission, from 3.0% of all HIV cases in 2006 to 59.5% in 2014. Likewise, the share of women among all HIV cases increased from 27% in 2006 to 43.7% in 2014." Den Sooluk Health Reform Programs Joint Review Summary Note. November 23-27, 2015. Overall Summary. A Joint Annual Review (JAR).

Kyrgyzstan together with WHO and UNICEF supported the development of a clinical guideline on Support for SRH in people living with HIV that was approved in 2014. The protocol assists people living with HIV and their partners (irrespective of HIV status) to plan their families. The protocol helps medical staff to manage STIs among PLHIV and encourage their partners (irrespective of HIV status) to be tested for STIs and treated if necessary (COAR 2013, 2014). Based on follow-up interviews and an in-depth debriefing with participants in a UNFPA-supported training based on the above protocol, it was clear that the participants found the training and related materials extremely practical and pertinent; they reported using the knowledge and skills acquired to work with PLHIV on a regular basis. Based on site visits to NGOs that work with key populations, as well as a FGD with women beneficiaries, UNFPA KR-supported trainings for both staff as well as PLHIV were well received, although there was little evidence of impact beyond self-reporting from participants.[76] The NGOs were strongly appreciative of UNFPA advocacy for key populations, although the funding has been modest.

UNFPAs ongoing support is vitally important as a resource to address stigma and discrimination for key populations, especially with impending the phase out of the Global Fund support in 2017 and the anticipated incoming funds from the Global Fund through the Eurasian Coalition on Male health (ECOM) for men who have sex with men, including male sex workers, men who have sex with men who are married to women, and young men newly identifying sexually as men who have sex with men or transgender people.

As noted above, UNFPA conducted 17 focus group discussions with young key populations aged from 18 to 24 around the country in 2015 to assess current access to and availability of HIV and SRH services, including legal barriers, as well as stigma and discrimination preventing them to access the services. The results of the FGDs were documented in a country report on access and availability of HIV and SRH services for young key populations (COAR 2015). Recommendations provided by the young key populations to address existing challenges to improve their access to and availability of HIV and SRH services will be further integrated into relevant national strategies, programs, including the next State Programme on HIV.

Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings. Despite being a recent program with a relatively small budget, UNFPA has made strong headway toward the achievement of Output 3. UNFPA KR training 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 emergencies. Based on document review, site visits and stakeholder interviews, in addition to meeting its targets for trainings on the minimum initial service package (MISP) to address sexual and reproductive health needs in crisis situations, the UNFPA CO has effectively engaged key Ministries, especially the Ministry of Emergency Situations and MoH, to develop contingency plans for responding to humanitarian emergencies. MISP trainings were carried out to prepare pool of the national trainers, which have gone on to train over 400 participants. MISP trainings have enhanced the capacity of workers of Ministry of Emergency and MoH on how to address sexual and reproductive health needs in crisis situations, and in strengthening disaster preparedness (COAR 2014, 2015). Stakeholders felt that the UNFPA initiative is extremely relevant given the 2010 emergency with GBV in Osh and Djalal-Abad. They felt that it offered a useful structure for collaboration across ministries, helping them toward a common goal even though each ministry has a different focus. They commented on UNFPA being a catalyst, this having been the first attempt at genuine inter-sectoral cooperation to respond to

[76]Key population participants in the UNFPA supported training found the combination of SRH and FP somewhat novel. One respondent commented that it was a very powerful training, easy to understand in a simple language. The trainer was rated highly, in part because she used a balanced framework: an ob/gyn and psychologist, the trainer covered how to avoid pregnancy, how to become pregnant and issues of infertility.

emergencies. Stakeholders appeared to have a sense of ownership of the process. They felt it was a model for other sectors, not just SRH/HIV and GBV. One concern was a lack of understanding on the mechanism by which RH kits, including commodities, would be requested from UNFPA by the Government of KR in emergency situation. There was uncertainty about how and when UNFPA RH Kits were to be used, which Ministry would request them and how they would be requested. This needs to be resolved through field exercises and actual run through.

Output Indicators As shown below in Table 8, there are two primary indicators each for Output 1 and Output 2 and one indictor Output 3 that correspond to the UNFPA Kyrgyzstan aligned 2014-15 CPAP planning and tracking tool. There are also as well as two pertinent indicators for the prior Output 1 under the initial CPAP planning and tracking tool for 2012-2013. All of the targets for these indicator appear to have been met or will be achieved by 2017. Many UNFPA KR indicators for the current program cycle were to process measures, such as counts of numbers of persons to be trained, that were not related to the total number of and types of staff that needed to be trained. For the RHR area, for example, numerical targets were set for a) the number of healthcare providers and community members trained on family planning human rights protocols, b) the number of healthcare providers and stakeholders trained on MISP, and c) the number of healthcare providers and community members trained on family planning. These targets were set without presenting the total estimated number of persons that actually need to be trained to provide a denominator. Without a denominator, the targets are not meaningful as a measure of output achievement.

Table 8. UNFPA Kyrgyzstan CP RHR Outcome 1 and Related Outputs and Output Indicators

SP outcome 1: Increased availability and use of integrated sexual and reproductive 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 **CPAP Output 1:** Increased national capacity to deliver comprehensive maternal health services							
		Year 3 [2014]		**Year 4 [2015]**		**Year 6 [2016]**	
Output indicators:		Tar-get	Achievement	Target	Achievement	Target	Achievement
The number of new reproductive health guidelines and protocols are developed and implemented	Baseline:**2013=5** Target:**2017=10**	7	8 HIV Clinical guideline Support of SRH in PLHIV/ Rape Management Protocol/EmOC PP Sepsis	2	10	2	12
Two CEMD reports with recommendations are available in the country (SP indicator 3.4) Baseline: 1 Target: 2	Baseline: **2013-1** Target: **2017-2 The second report will be available in 2017**	0	0	0	0	0	0
CPAP Output 2: 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							
The forecasting system for reproductive health commodities is available (SP indicator 2.1)	Baseline: 6 regions Target: 8 regions	7 Naryn, Chui	8 (Bishkek city)	0	8 monito-ring	0	LMIS assessment
The number of healthcare providers and community members trained on family planning human rights protocols (SP indicator 2.2)	Baseline: 495 HPs, 200 CMs Target: 200 by the end of CP	100 HPs 30 CMs	595 HPs 230 CMs	50 HPs 22 VHCs	1020 HPs (97 HIIV) 395 CMs (117 Key Pops)	100 HPs 50 CMs	1073 HPs 328 CMs
CPAP Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings							
The number of healthcare providers and stakeholders trained on MISP (SP indicator 5.1) Baseline: 150 Target: 450 by the end of CP	Baseline: 150 Target: 450 by the end of CP	250 (100 in 2014)	50	300	100	400	450
Prior Output 1: Capacity of health institutions are strengthened to provide quality of maternal and newborn services							

		Year 1 [2012]		Year 2 [2013]	
		Tar-get	Achievement	Target	Achievement
The number of new reproductive health guidelines and protocols is developed and implemented	Baseline: **(in 2012) 0** Target: **(2013) 7**	2	5 1-Placental abruption; (approved) 2-Placenta praevia; (approved) 3-Shoulders dystocia (developed) 4-Vacuum assisted vaginal delivery; (developed) 5-Thrombosis & embolism (developed)	7 1-CoC (developed) 2-Prolonged labour (developed)	6 1- Shoulders dystocia (approved by MoH) 2- Vacuum assisted vaginal (approved by MoH) 3- Thrombosis and embolism during pregnancy and the puerperium. (approved by MoH) 4- Rape clinical management protocol. (approved by MoH)
CEMD report with recommendations is available in the country	Baseline: **(in 2012) 0** Target: **(2013) 1**	0	0	1	1
Prior Output 2: Strengthened RHCS system in the country					
The forecasting system for reproductive health commodities is available and operational at UNFPA sites (installed in new sites, RMIC reports)	Baseline: **(in 2012) 1** Target: **(2013) 5**	2	2 1-Talas 2-Issyk-Kul	5 1-Batken 2-Osh 3-Djalal-Abad	5 1-Batken 2-Osh 3-Djalal-Abad
The number of healthcare providers and community members trained on family planning	Baseline: **(in 2012) 100 health providers and 100 community members** Target: **(2013) 355 Health providers and 160 community members**	150 health providers 130 community members	195 health providers 130 community members	355 health providers 160 community members	395 health providers 170 community members

Constraining and facilitating factors and the country context. Based on results from stakeholder interviews, site visits and group discussions and the desk review, a range of constraints and facilitating factors emerged with respect to the implementing the UNFPA RHR activities.

Constraints: There is an acute shortage or medical staff (one respondent stated that they had only 13% of the doctors they needed, another stated that they only had only 25%; respondents felt there were too few neonatologists and pathologists). In addition, due to the failure of KR medical education to provide competency-based training in clinical skills, there is an acute lack of health providers with adequate clinical skills, such as C-section, neonatal resuscitation and IUD insertion. This is a major constraint to reducing maternal mortality and perinatal mortality and providing family planning services, especially in rural areas. High turnover of staff and low motivation of certain cadre, such as VHCs, are also cited as major constraints. The family medicine system is viewed by some stakeholders as major constraint. The family medicine doctors are not able provide the proper services and this interferes with the roles for nurses and midwives. The trend toward religious conservatism may have been a factor in limiting access to and demand for SRH services in KR.

Facilitating Factors: The key facilitating factors contributing to UNFPA KR success in the RHR program area include the long-term collaboration among development partners and stakeholders in GoKR Ministries. This has permitted effective planning and sharing of resources over time. There is also the clear advantage of an open literate society that is willing to share information and permit a free exchange of ideas.

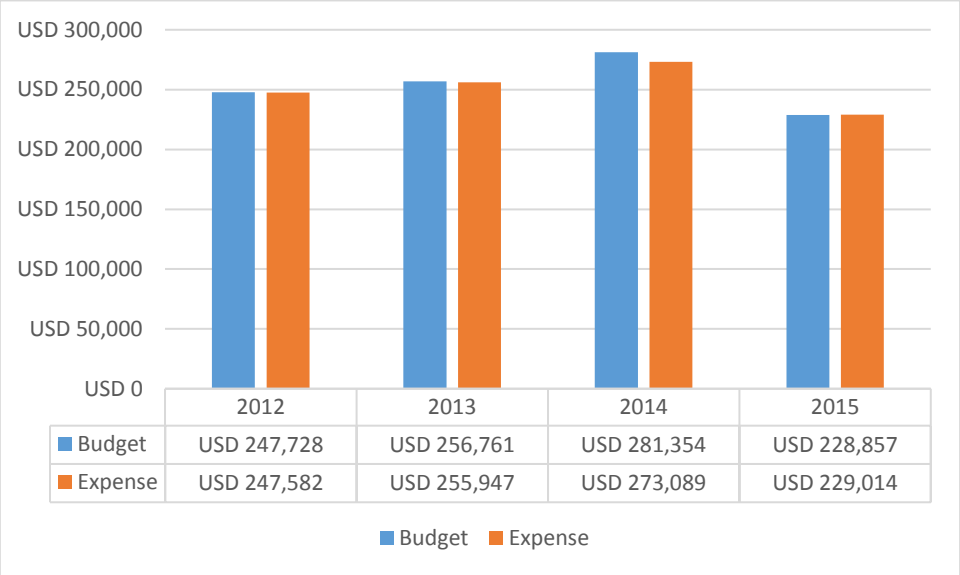
EFFICIENCY

The questions: For all 4 areas – 3.A. To what extent did the CO make good use of its human, financial and technical resources to pursue the achievements of outputs defined in the UNFPA CP**?** **3.B.** To what extent did the CO use an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA CP?

Summary Findings – Efficiency of RHR. Based on review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the RHR Program Area has made good use of its resources. Stakeholders were consistently supportive of the approach UNFPA took to manage its staff, funds and technical resources. The range of activities employed to achieve outputs, especially the diverse mix of activities implemented as part of the MAF, were found to be highly appropriate. The use of an interdisciplinary team approach for on the job training for EmOC and EPC with follow up supportive supervision was felt to be very effective but was somewhat costly in terms of senior training staff. In a time of limited resources, the UNFPA KR approach to sharing agency funds and expertise has significantly extended the scope and impact of the MAF to achieve the CP outputs.

Based on review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the RHR Program Area has made good use of its resources to implement the activities for Outputs 1, 2 and 3. As shown below, the in Figure 11, the evolution of expenditure relative to budget for 2012 through 2015, there is 99% or higher expenditure of budgets for three of the four years.

Figure 13. RHR Program Budget Versus Expenditure 2012-2015



Stakeholders were often unwilling to comment on UNFPA efficiency, because they were unware of how funds were spent. But they were nonetheless consistently supportive of the approach UNFPA took to manage its staff, funds and technical resources. Stakeholders in the Output 1 maternal and newborn health arena commented that some EPC components that do not require high cost nonetheless generate a large impact. The UNFPA support for the development of a protocol on prolonged labour was cited as an efficient intervention, economical, but effective in helping women with prolonged labour get admitted into hospitals; before they were turned away, sometimes with very serious consequences. Similarly, UNFPA supported activities to improve spinal anaesthesia methods appear to have been efficient by rapidly reducing risk from general anaesthesia with a one-time intervention. Stakeholders for Output 2, while mostly supportive of how UNFPA managed their funds. But there were several comments concerning the costs for training and whether it was managed efficiently. As cited above, there was concern that UNFPA pays trainers directly at higher rates than other agencies, some of which require that trainers be paid through their employers. A review of training costs, such as cost per training day revealed a wide range from as low as US$30 to over $150. In the case of highly technical analytical reviews that require senior experts, daily rates were higher than average, but these were deemed acceptable, due to the highly specialized knowledge (data not shown, available on request). Some stakeholders felt that it would be more efficient for UNFPA to invest more in pre-service training. Stakeholders for Output 3 were outspoken in support of the money invested being truly well justified. The range of activities for employed to achieve Output 1 appear to quite appropriate. The use of an interdisciplinary team approach for on the job training for E,OC and EPC with follow up supportive supervision was felt to be very effective but it is costly in terms of senior training staff. In a time of limited resources, the sharing of agency funds and expertise has significantly extended the scope and impact of the MAF. In the next programme cycle, UNCT agencies will be called on to support the MoH on a national basis, rather than focus on specific regions. This will probably include nationwide efforts to work at the community level for outreach to address MNBH and demand for FP, which is resource intensive. The mix of activities for Output 2 appears to have placed too much emphasis on medical workers and not enough resources devoted to demand generation at the community level. This is especially true given the failure of the training to address the lack of practical clinical skills for FP service delivery. The lack of evidence of any impact on contraceptive prevalence and unmet needs suggests that Output 2 has not been an efficient use of resources.

SUSTAINABILITY

The questions: For all 4 areas – 4.A. To what extent has the CO been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure: a) ownership and b) the durability of effects? **4.B.** Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Summary Findings – Sustainability of RHR Program. There was a clear evidence of ownership and durability of effects for all outputs. There was strong ownership and enthusiasm expressed for CEMD and Near Missed Case Review, as well as the development, approval and dissemination of protocol and trainings for protocols based on the findings of from these assessments. Similarly, for Output 2, UNFPA-supported FP protocols based on WHO guidelines have been developed and approved and are the basis for ongoing trainings and post-graduate training programs. UNFPA KR has a long-term collaboration with the MoH and the above mentioned trainings can only take place based on the approval of the MoH and the circulation of a decree. The Output 3 activities with MISP appear to have a good chance of being institutionalized due to the sense of commitment and ownership among Ministry counterparts.

For Output 1 there was clear evidence of ownership and durability of effects toward the improvement of EmOC and EPC, including antenatal care. These include the strong enthusiasm expressed for CEMD and Near Missed Case Review, as well as the development, approval and dissemination of protocol and trainings for protocols based on the findings of these assessments. The success in incorporating trainings into post-graduate programs has contributed to durability of effects. UNFPA supported the establishment of 11 birth preparedness schools, supported ANC trainings, as well as capacity building for Medical colleges and the National Midwife Association. Similarly, for Output 2, UNFPA-supported FP protocols based on WHO guidelines have been developed and approved and are the basis for ongoing trainings and post-graduate training programs. For both Output 1 and 2, it is important to acknowledge that UNFPA KR has a long-term collaboration with the MoH and that the trainings can only take place based on the approval of the MoH and the circulation of a decree. This is an example where there is institutional commitment that supports training on a long-term basis. The approach to hiring trainers, with a reliance on direct payments to trainers rather than to institutions, has been viewed by some stakeholders as a serious threat to sustainable capacity building.[77] The current impasse, where UNFPA has discontinued procurement of contraceptives and the MoH has not been willing to initiate procurement is not sustainable and must be resolved as soon as possible. The Output 3 activities with MISP appear to have a good chance of being institutionalized due to the sense of commitment and ownership expressed by stakeholders involved in the design of an intersectoral collaboration to respond to the SRH/HIV and GBV needs of the population in emergencies.

[77] UNFPA KR previously had direct contracts with the Kyrgyz Medical Postgraduate Training Institute in 2009, but due to a lack of internal capacity to manage the training and delayed payments to employees by the institute, the teachers of the Institute refused to conduct workshops in the future. In addition to this, the United Nations had problems with the useof UN funding for non-earmarked purposes by the MoH. The Kyrgyz Medical Postgraduate Training Institute did not obtain funding from the Deb Sookuk program within the Sector wide approach although this option was available to institute through the SWAP fund.

4.2 Youth

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners? **1.B.** To what extent does the current programme reflect UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs? **1.C.** To what extent was the country office able to respond to changes in the national development context?

Summary Finding – Relevance of Youth Program Area Much of UNFPA KR's youth programming is based on surveys and assessments that were supported by UNFPA KR. A recent external evaluation concluded that UNFPA KR has aligned its support for youth needs as determined by youth organisations and needs assessments (UNFPA Evaluation Group 2016). UNFPA KR youth programme activities are closely aligned with global strategies and policy. For example, UNFPA KR leadership in working with religious groups, such as Mutakalim to train teachers to work with youth on SRH issues and early marriage, as well as UNFPA KR leadership in the design and implementation of the MDG Acceleration Framework (MAF). The 2013 MAF clearly identified adolescents and youth on reproductive and sexual health as a key bottleneck toward achieving MDG5. UNFPA KR has been able to respond to difficult trends in the national context for SRH services for youth, as demonstrated by the constructive engagement with religious institutions such as the NGO Mutakalim as a close partner in promotion and integration of youth RH issues among religious schools (madrasahs) and UNFPA KR's persistent advocacy for the successful passage of the 2015 RH Law.

On the basis of stakeholder interviews, review of assessment reports and program documents, the UNFPA CP Youth Program area is consistent with and tailored to the needs of youth in Kyrgyzstan. The demographic and public health context of the KR make a compelling case for the needs of youth. As of 2014, over 50 % of the population of Kyrgyzstan was under the age of 25 and 4.4% of all registered births in 2013 were among girls aged 14-18. Experts estimate that 1 in 10 abortions are among teenage girls (UNFPA KR 2016). In 2014, young people were carrying much of the burden of HIV and STIs. Over 40% of HIV cases were found among people under 29 years old, with 10.6% being among children and adolescents under 19 and the remaining 29.6% were people aged 20-29. (HIV/AIDS Epidemic update, National AIDS Centre, 1 October 2015).

Much of UNFPA KR's youth programming is based on surveys and assessments that were supported by UNFPA KR. A recent external evaluation concluded that UNFPA KR has aligned its support for youth needs as determined by youth organisations and needs assessments (UNFPA Evaluation Group 2016). Examples of UNFPA KR supported assessments pertinent to youth include the 2012 KRDHS, the 2014 MICS, a survey of men and boys in 2013, a study on early marriage in 2012 and the recent 2014 Youth Data compendium by the NSC. UNFPA KR has a well-established tradition of consulting with youth in the development of its programs. For example, UNFPA had a Youth Advisory Panel (YAP), and youth representatives from Y Peer were consulted as part of the initial planning meetings for the development of the UNDAF.[78] UNFPA established the YAP in 2011 to ensure that programming reflected the priorities and needs of youth; it functioned for only one year. In preparation for the current country programme, UNFPA undertook an analysis of the health context of Youth in Kyrgyzstan together with WHO (UN Evaluation Office 2016). Despite these efforts, due to a lack of funds, UNFPA KR has not undertaken a systematic needs assessments addressing the most vulnerable and marginalised youth, including adolescent girls. This has meant that, apart from UNFPA KR's work in the area of

[78] UNFPA established a Youth Advisory Panel (YAP) to ensure that programming reflected the priorities and needs of youth (UNFPA Evaluation Group 2016). The Y-PEER youth representative participation in recent UNDAF planning meetings in 2016 was reported during stakeholder interviews.

HIV mentioned above, there has been a lack of dedicated programmatic attention to marginalised and vulnerable young people, including adolescent girls (UN Evaluation Group 2016, Section 5.1.2). UNFPA KR Youth program area staff justify this lack of dedicated programmatic attention to marginalised and vulnerable young people on the basis that, while there are UNFPA Strategic directions specified for adolescent girls, UNFPA CO has focused on adolescents and youth in general. There is no need to explicitly focus on this group, because UNFPA programs are directed to fulfil the needs of all adolescents and youth without diversifying into groups.

UNFPA KR has clearly aligned its programme to reflect pertinent Global UNFPA policies and strategies, as well as global policy priorities, such as the ICPD and the MDGs. As evidenced by the initial UNFPA country programme document (CPD) and the UNFPA CPAP 2012-2016, UNFPA aimed to give special attention to youth in all areas of its work.[79] UNFPA KR programs encourage youth participation in programs that address the MDGs and ICPD Post 2015 development agenda[80] and are aligned with national priorities and needs of the Government of Kyrgyzstan (UN Evaluation Group 2016). One limitation on youth program relevance, however, is UNFPA KR's shift away from service delivery, mandated by the 2014 realignment of the CPAP. This change in emphasis has meant a divergence from priorities defined by partner NGOs such as the Reproductive Health Alliance Kyrgyzstan (UN Evaluation Group 2016).

UNFPA KR has been able to respond to difficult trends in the national context for SRH services for youth. Two important concrete examples of effective UNFPA responses include: the constructive engagement with religious institutions such as the NGO Mutakalim as a close partner in promotion and integration of youth RH issues among religious schools (madrasahs)and UNFPA KR's persistent advocacy for the successful passage of the 2015 RH Law. The RH Law addresses the SRH needs of adolescents despite an adverse climate of growing religious conservatism on matters related to SRH.

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's planned outputs and outcomes achieved? If so, to what degree? **2.B.**To what extent did the outputs contribute to the achievement of the Strategic Plan outcomes? **2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of Youth Programs Based on stakeholder interviews, site visits, review of program documents and indicators, it is clear that the targets set to achieve the planned youth outputs and the overall outcome have been met. All of the targets for the Youth Output 4 indicators have been met: two primary indicators for Output 4 for the Youth Outcome in the UNFPA Kyrgyzstan aligned 2014-15 CPAP planning and tracking tool, as well as two pertinent indicators for the prior Outputs 3 and 4 under the initial CPAP planning and tracking tool for 2012-2013. Despite

[79] Country programme document as approved by the UNFPA Executive Board at its second regular session in September 2011 (DP/FPA/CPD/KGZ/3).

[80] For example, UNFPA KG leadership in working with religious groups such as Mutakalim to train teachers to work with youth on SRH issues and early marriage, as well as UNFPA KG leadership in the design and implementation of the MDG Acceleration Framework (MAF). The 2013 MAF clearly identified adolescents and youth on reproductive and sexual health as a key bottleneck toward achieving MDG5, "1. Lack of health care focused on adolescents and youth on reproductive and sexual health (RSH), including family planning and contraception security," and "2. Lack of a mechanism to ensure the supply of contraceptives at the expense of the state budget, incomplete coverage of Mandatory Health Insurance (related to contraceptives) for the rural population and the informal sector, shortcomings of the mechanism for the accounting/reporting of abortions and planning of contraceptives, and insufficient implementation of modern methods of safe abortion in medical facilities." See page 55 of MoH, MoE and UNSystem for the KR. MDG Acceleration Framework: Improving Maternal Health in the Kyrgyz Republic. November 2013.

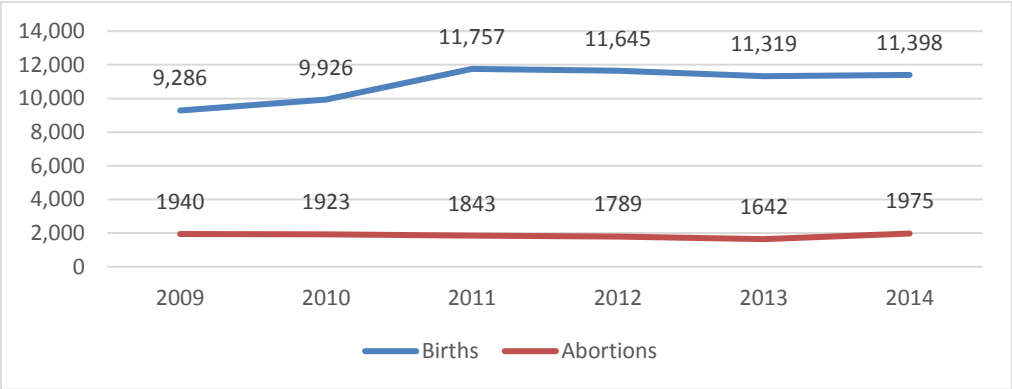
this progress, a recent UNFPA supported evaluation concluded, "There was insufficient evidence to assess whether patterns of use for A&Y sexual and reproductive health services have changed as a result of UNFPA support in Kyrgyzstan." While many of the proposed activities have been successfully implemented, (for example, HLS curricula is now formally mandated within all Vocational Schools, national policy documents have been approved or signed into law, and there has been considerable progress in trainings to promote YFHS), the available national data on key SRH outcomes related to youth, such as number of abortions, births to youth and knowledge and attitudes and practice related to SRH do not show a significant improvement. It is important to acknowledge, however, that UNFPA KR did not make a commitment to change these outcome indicators at the beginning of the CP. Despite its relatively high cost compared to other activities, the Youth Forum Theater methodology is an innovative approach considered by stakeholders to have potential for national impact through use of major media. UNFPA supported YFHS in RHA clinics in Bishkek and Karakol have been cited as best practice. The most significant constraint within the current country context faced by UNFPA KR and its implementing partners has been the pervasive trend towards greater religiosity and more conservative values in regard to SRH. The key facilitating factors contributing to UNFPA KR success in the Youth program area include UNFPA KR's long-term collaborative ties with key Government Ministries and policy makers and members of Parliament over a period of more than a decade and the in-depth experience of UNFPA KR staff with policy advocacy.

Based on stakeholder interviews, site visits, review of program documents and indicators, it is clear that the targets set to achieve the planned outputs and the overall outcome have been met (The specific Output indicators for the Youth Program area are discussed below). While many of the proposed activities have been successfully implemented, (for example, HLS curricula is now formally mandated within all Vocational Schools, national policy documents have been approved or signed into law, and there has been considerable progress in trainings to promote YFHS), the available national data on key SRH outcomes related to youth, such as number of abortions, births to youth and knowledge and attitudes and practice related to SRH do not show a significant improvement.[81] For example, as shown below in Figure 12, the number of births and number of abortions for youth 19 and under have remained constant for the past five years (NSC data 2009-2014) and the recent 2016 evaluation of the Youth program found no evidence of any impact on condom use or correct knowledge of HIV.[82] Given the time needed to demonstrate a change in these types of outcomes, however, it is to be expected that current data fail to show an impact on these types of outcome indicators. It is also important to acknowledge that UNFPA KR did not make a commitment to change these outcome indicators at the beginning of the CP and, given the limited resources in the UNFPA KR Youth program area, it cannot be expected to take responsibility for changing these outcome indicators.

[81] The recent evaluation concluded, "There was insufficient evidence to assess whether patterns of use for A&Y sexual and reproductive health services have changed as a result of UNFPA support in Kyrgyzstan, although UNFPA-supported YFHS are reportedly not used to full capacity, due to ongoing socio-cultural, gender, financial, and other barriers to their access. " "Data on the number of adolescents reached through UNFPA-supported SRH services was not available." UNFPA Evaluation Group 2016.

[82]"There was no direct evidence that UNFPA contributed to increasing the percentage of young men and women, who correctly identify ways of preventing the sexual transmission of HIV. Data from the United Nations Statistics Division indicates that 24 per cent of men aged 15 – 24 years had comprehensive correct knowledge of HIV in 2012 (with no trend data available). For young women, the percentage with correct knowledge of HIV held steady over the evaluation period, from 20.3 per cent in 2006 to 19.5 per cent in 2012 and 19.8 per cent in 2014. Similarly, adolescent pregnancy rates and condom use at last high-risk intercourse by young men and women have not changed over the evaluation period."

Figure 14. Reported number or births and abortions to women 19 and under from 2009-14.



Source: NSC website. Downloaded April and May 2016.

Despite the lack of clear evidence of improvement in key outcome indicators from nationally representative data, there is nonetheless compelling evidence that the UNFPA KR has achieved Output 4, "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" and in turn the overall 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." This is documented by UNFPA KR's remarkable success in four key activities within Output 4: 1) the passage of the 2015 Reproductive Health Rights Law (recognized as a global best practice by UNFPA), which lowered the age of consent to receive SRH services from 18 to 16, 2) the success in getting the formal adoption of the HLS curriculum within the national Vocational Education program (serving an estimated 70,000 young people as of 2015), and 3) UNFPA KR's important work with religious groups[83] (acknowledged as a best practice in the recent 2016 evaluation) and, to a lesser extent[84], 4) the UNFPA KR contributions toward capacity building and expansion of access to YFHS. UNFPA KR supported an innovative media strategy working with youth and national television outlets to implement a highly participatory Youth Forum Theater format that covers several pertinent topics related to youth. Despite its relatively high cost compared to other activities, stakeholders felt that the Youth Forum Theater methodology has potential for national impact on major media. UNFPA KR has also contributed to Youth Program Outcome through activities implemented through the Peace Building Fund.[85] The Youth outcome area achieved a substantial amount of capacity building through training. For the time period from 2012 through 2015, 19 trainings were conducted with a total of 551 participants (71% female, 391 women,160 men), with a cumulative 99 days of trainings (Data not shown, available on request). More than half of the trainings (11) related to YFHS, six were related to HLS with Vocational Education staff and two were for staff from religious institutions and madrasahs. Based on these activities, the degree of achievement for the Output and the

[83]Based on stakeholder interviews and site visits the evaluation team found that UNFPA KG work with Muktakalim was effective in working to positively reinforce RH practices based on teachings of the Koran, such as a prescription of two years for breastfeeding; the program has changed views of imams toward UNFPA to be more favourable and has potential for long-term impact through capacity building of adult teachers.

[84]Based on stakeholder interviews and site visits, the evaluation team agrees with the finding from the recent examination of the youth programme (UN Evaluation Team 2016) that there is insufficient evidence to assess whether patterns of use for youth sexual and reproductive health services have changed as a result of UNFPA support for YFHS in Kyrgyzstan. While UNFPA support for YFHS in RHA clinics in Bishkek and Karakol have been cited as best practice, field observations at a PHC in Talas indicated that there had been no change in use of services by youth, that staff had not been able to implement YFHS and did not have a protocol for YFHS on premises.

[85] For example , the PBF Project, "Youth for Peaceful Change," implemented in collaboration with the Ministry of Labour Migration and Youth.

Outcome is high, albeit mixed: the UNFPA KR program activities have clearly increased national capacity related to YFHS and have clearly increased the National priority on adolescents, but the lack of evidence on key outcome measures, as documented above, implies that more time and effort will be needed for full achievement.

Output Indicators

As shown below in Table 9, there are two primary indicators for Output 4 for the Youth Outcome in the UNFPA Kyrgyzstan aligned 2014-15 CPAP planning and tracking tool as well as two pertinent indicators for the prior Outputs 3 and 4 under the initial CPAP planning and tracking tool for 2012-2013. All of the targets for these indicators have been met.

Table 9. UNFPA Kyrgyzstan CP Youth Outcome 2 and Related Outputs

Strategic Plan Outcome: 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. **CPAP Output 4:** 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							
		Year 1 [2014]		**Year 2 [2015]**		**Year 3 [2016]**	
Output indicators:		Target	Achievement	Target	Achievement	Target	Achievement
Adolescent and youth SRH issues are included in the national laws, programs and strategies (SP indicator 6.2)	Baseline: 1 national policy (National RH Strategy till 2015) Target: 2 national policies	1	1	2	2 (RH Law, Health pro-gram "Den Sooluk")	2	2
Number of vocational schools with integrated HLS curricula aligned with internationals standards on sexuality education (SP indicator 7.1)	Baseline:22% (24 vocational schools) Target:100% (94 vocational schools)	22% (24 schools)	63% (69 schools)	63%	100% (94 schools)	100% (18 rehabilitation groups in 94 schools)	100%
Prior Output 3: Strengthened capacity of national institutions to provide youth-friendly services on SRH and HIV							
		Year 1 [2012]		**Year 2 [2013]**			
The number of service delivery points offering youth friendly health services on SRH and HIV	Baseline: **(in 2012) 3** Target: **(2013) 6**	4	3	6	6		
Prior Output 4: Improved awareness, attitudes and behaviour of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities							
The number of BCC materials produced	Baseline: **(in 2012) 0** Target: **(2013) 4**	3	3	4	4		

Constraining and facilitating factors and the country context Based on results from stakeholder interviews, site visits and group discussions and the desk review, a range of constraints and facilitating factors emerged with respect to the implementing the UNFPA youth activities.

Constraints: As mentioned above, the most significant constraint within the current country context faced by UNFPA KR and its implementing partners has been the pervasive trend towards greater religiosity and more conservative values in regard to SRH. There was a major scandal over the content of SRH BCC materials that were produced by GIZ in 2013, which became the subject of a parliamentary ban. Despite this adversity, UNFPA KR has been able to continue its advocacy for youth policy and

SRH services, although it is reported to have moderated its use of human rights language somewhat.[86] Despite these constraints, UNFPA KR led advocacy is credited with getting approval of the RR Law in May 2015,[87] which was cited as best practice example of embedding the human rights of adolescents and youth in national legislation (UN Evaluation Group 2016. Box 1).

Facilitating Factors: The key facilitating factors contributing to UNFPA KR success in the Youth program area include UNFPA KR's long-term collaborative ties with key Government Ministries and policy makers and members of Parliament over a period of more than a decade, the in-depth experience of UNFPA KR staff with policy advocacy, and UNFPA KR collaboration with regional policy experts, such as the Asian Forum of Parliamentarians on Population and Development (AFPPD). UNFPA KR also draws upon a great deal of global and regional expertise on youth issues from both UNFPA, UN Agencies as well as IPPF affiliates.

EFFICIENCY

The questions: For all 4 areas – 3.A. To what extent did the CO make good use of its human, financial and technical resources to pursue the achievements of outputs defined in the UNFPA CP**?** **3.B.** To what extent did the CO use an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA CP?

Summary Findings – Efficiency of Youth. The Youth Program Area has made excellent use of its human, financial and technical resources to implement the activities to achieve Output 4. Stakeholders reported that UNFPA KR staff provided rigorous oversight to ensure economical implementation of projects. UNFPA KR projects, such as working to train male and female Madrasa teachers on SRH issues or to support policy initiatives and laws were very efficient given the relatively small amount of funds required to support these activities, which have potential for long-term impact. Other programs, such as the Youth Forum Theatre activity implemented through Y-PEER, while of high quality and very impressive, were comparatively costly due to the expensive nature of working with major TV and radio media. UNFPA KR has used an effective and efficient combination of tools and approaches to implement the activities for Output 4 both within programme areas and through collaboration across programme areas. There has been very effective sharing of expertise among UNFPA KR staff to implement Youth programs through multiple program area activities, especially the contributions of PD on policy advocacy.

Based on review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the Youth Program Area has, to a great extent, made excellent use of its human, financial and technical resources to implement the activities to achieve Output 4. During stakeholder interviews, while some respondents stated that they were not able to comment on UNFPA KR financial management, many were strongly supportive of the efficiency of UNFPA KR staff in managing the Youth area portfolio. As shown below in Figure 13, the annual total budget and expenditures for the youth portfolio of program activities ranged from under US$150,000 in 2012 to over US$250,000 in 2014 with very little underspending, an indication of efficient use of funds. The surge in funding in 2014 reflects UNFPA KR's success in obtaining PBF projects with scope for youth related programming. Stakeholders reported that UNFPA KR staff provided rigorous oversight to ensure economical implementation of projects. UNFPA KR projects, such as working to train male and female Madrasa teachers on SRH issues or to support policy initiatives and laws were very efficient given the

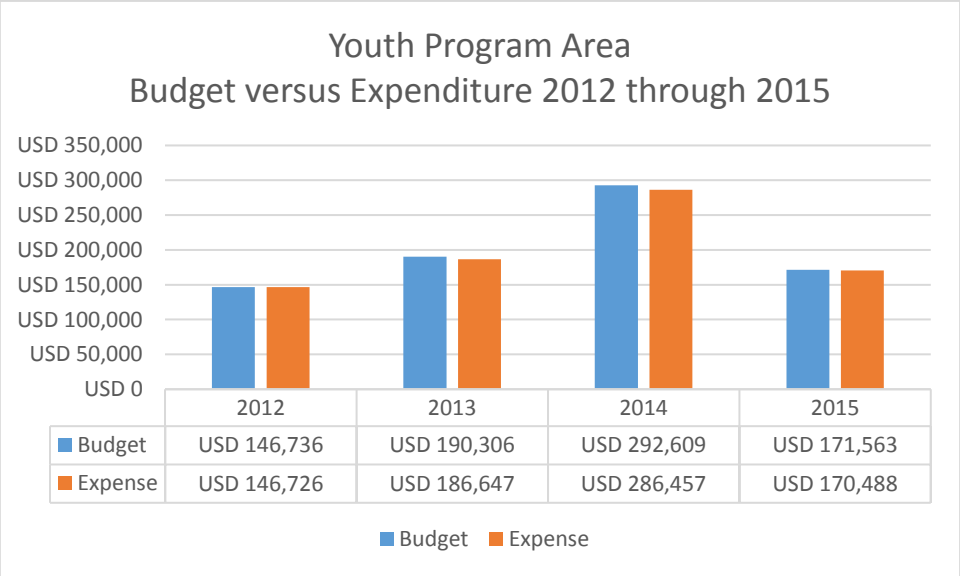
[86]According to the recent 2016, UN Evaluation Group evaluation report, "Most recent UNFPA information, education and communication materials do not explicitly discuss human rights, whereas earlier materials (published between 2000 and 2005) that are still in use include explicit references to human rights, gender and SRHR. This development is widely explained as a reaction to the growing religious influence in the country." UN Evaluation group 2016 Section 5.1.4.

[87] Law on Reproductive Rights and Guarantees of its Realization of Citizens of Kyrgyz Republic. July 4, 2015.

relatively small amount of funds required to support these activities, which have potential for long-term impact. Other programs, such as the Youth Forum Theatre activity implemented through Y-Peer, while of high quality and very impressive, were comparatively costly due to the expensive nature of working with major TV and radio media, combined with a lack of potential for long-term impact for the Youth Forum Theatre program. An examination of training costs generally showed an efficient use of funds. For example, the cost per training day for Y-Peer implemented RH trainings for teachers and mentors of madrasas ranged from US$38 to US$57 (KGZ03YPR AWP 2015) and the total cost per day was US$51 per person for a 4-day conference on Forum Theatre (KGZ03YPR 4th Quarter Report 2015). In some instances, costs per training day appeared somewhat high. For example, training of Vocational Education staff as part of the Happy Fatherhood Campaign (capacity building of the Vocational education system teachers on gender equality, GBV, international and national legislation, parenthood) in Talas for 28 persons for two days each was estimated at over US$200 per training day per person (KYR3U604 Campaign).

The CO has a small staff and limited budget. Nonetheless, to a great extent, UNFPA KR has used an effective and efficient combination of tools and approaches to implement the activities for Output 4 both within programme areas and through collaboration across programme areas. There has been very effective sharing of expertise among UNFPA KR staff to implement Youth programs through multiple program area activities, especially the contributions of PD on policy advocacy and Gender toward implementing youth related activities, facilitated by UNFPA KR success in obtaining PBF funds.

Figure 15. Youth Program Budget Versus Expenditure 2012-2015



SUSTAINABILITY

The questions: For all 4 areas – 4.A. To what extent has the CO been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure: a) ownership and b) the durability of effects? **4.B.** Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Summary Findings – Sustainability of Youth Program. UNFPA KR youth programme support for its partners has contributed to implementing agency ownership and good prospects for long-term

effects. Based on stakeholder interviews, group discussions and review of program documents, UNFPA KR support for the HLS curriculum has established a sustainable program for SRH and gender education that has both a strong sense of ownership among teachers and is sustainable within the Vocational Education program. While UNFPA KR supported activities in YFHS were cited as best practice in clinics run by NGOs, there appeared to be weak integration of YFHS at state PHC facilities, in one case with little evidence of continuity. The high quality Youth Forum Theatre was an excellent model for a participatory youth educational intervention but was not considered sustainable in its current format. Mutakalim stakeholders expressed support for the training of madrasa teachers on the basis of its sustainability: it has a far more durable impact than just training madrasa students. Once trained, women madrasa teachers are highly committed to their roles as educators in service to their local communities.

The evaluation team found extensive evidence, where UNFPA KR support for its partners has contributed to implementing agency ownership and good prospects for long-term effects. Based on stakeholder interviews, group discussions and review of program documents, UNFPA KR support for the HLS curriculum has established a sustainable program for SRH and gender education that has both a strong sense of ownership among teachers and is sustainable within the Vocational Education program. The key informants were motivated and willing to continue the HLS program and include additional content as needed. They pointed out that the HLS course is now mandatory and that the costs for the program are shared by their institution. A key contributing factor toward sustainability is the long-term nature of UNFPA KR collaboration. The establishment of strong institutional trust and rapport over a long period of time, more than a decade, has contributed the development of institutional commitments to SRH within KR religious organizations. UNFPA KR has had ongoing ties with religious organizations for 15 years and, based on stakeholder interviews and group discussions, Mutakalim staff have a strong sense of ownership of their SRH education program within Madrasas; they have a long-term view toward building capacity for SRH education and a commitment to maintain the teaching programs. The Mutakalim stakeholders expressed support for training of madrasa teachers on the basis of its sustainability: it has a far more durable impact than just training madrasa students. Once trained, women madrasa teachers are highly committed to their roles as educators in service to their local communities and represent a long-term asset to their communities providing SRH information. While Y-PEER has been independent from UNFPA KR before the CP began and discontinued its participation in the Y-PEER Network in 2012, UNFPA KR has supported Y-PEER's efforts to develop the institutional competencies needed to be financially autonomous.[88] Y-PEER underwent an organizational capacity assessment in 2014 for financial management; it was recently audited with good results. UNFPA KR activities to support youth-related legal and policy initiatives are highly sustainable. A key informant pointed out that, "Policies and legislation are the best investment you can make in sustainability". UNFPA KRs efforts to get the 2015 RH Law passed, as well as the success in supporting the mandatory HLS curriculum are good examples of UNFP KR's success in sustainable program implementation. Stakeholders felt that UNFPA KR succeeded, because it invested in a network of stakeholders and did not limit itself to just one or two powerful allies: a wide range of stakeholders is the best insurance for successful advocacy. They recommended that UNFPA KR consolidate and expand the work with parliamentarians and resource experts in policy.

[88] UNFPA support was key in the creation and registration of the National Y-PEER network, officially registered as a Public Union in 2010, as a national youth-led NGO. (See Section 5.2.4 UNFPA Evaluation Group 2016 and http://www.unfpa.kg/en/programmes/youth/y-peer/). The NGO Y-PEER is separate from the global International Y-PEER network, which was established by interdepartmental group on youth, development and protection of the UN and with the support of UNFPA. While the NGO Y-PEER has its own local bylaws. International Y-PEER network is not a registered entity and therefore no affiliations are made at the moment. There is no legal status which affiliates NGO Y-PEER with Y-PEER International.

Despite these positive examples, there were instances where UNFPA KR activities in the youth area did not have good prospects for sustainability. Examples include the above mentioned Youth Forum Theatre, the Youth Voice initiatives,[89] and UNFPA KR work on YFHS, all of which were relatively expensive compared to more sustainable activities. The high quality Youth Forum Theatre was an excellent model for a participatory youth educational intervention but not sustainable in its current format. Stakeholders voiced concern that, although valuable, the Youth Voice and Youth Forum Theatre were not likely to be continued without external support. The UNFPA KR support for training in YFHS has been noted as a best practice for two UNFPA-supported RHA clinics in Bishkek and Karakol, but a site visit to another UNFPA supported MoH PHC clinic showed little sign of continuity or sustained effort after an introductory training on YFHS for health providers.[90]

[89] This was a regional campaign supported by UNFPA EECA Regional office. The Youth Voice campaign aimed at mobilizing political support for the global process of SDG formulation. As an advocacy campaign, it had a specific focus and limited time duration. For this reason, there were no sustainability criteria to be applied. The SDGs were adopted in September 2015 and their impact will presumably continue long after the Youth Voice ended.

[90] Based on comments from UNFPA KR Youth staff, a site visit was organized to PHC in Karabura, Talas, where UNFPA conducted an introductory training on YFHS for health providers. Due to the limited budget, no further support and mentoring was provided. UNFPA KR Youth staff recommended better examples could be given from other UNFPA supported sites, for example, in Naryn and Leilek. Unfortunately, the evaluation team was not able to visit these sites.

4.3 Gender and Gender Based Violence

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners? **1.B.** To what extent does the current programme reflect UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs? **1.C.** To what extent was the country office able to respond to changes in the national development context?

Summary Findings – Relevance of Gender and Gender Based Violence Program Area

The UNFPA CP Gender and GBV Program area is highly consistent with and tailored to the needs of final beneficiaries and partners. The UNFPA CO has contributed to building awareness of GBV through its support for improving National data collection systems and conducting surveys. Results from these data collection activities have been widely disseminated and provide the evidence-based rationale for UNFPA CO supported interventions. Based on stakeholder interviews, site visits and review of pertinent program documents, the UNFPA Gender and GBV program is clearly reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs. The UNFPA CP has been very responsive to changes in the national development context of the KR. For example, after the major outbreak of violence in southern Kyrgyzstan in 2010, UNFPA CO initiated a process to build a multisectoral coordination body in response to GBV in two southern towns affected by the crisis. UNFPA CO has supported extensive efforts to develop an interagency coordination mechanism to respond to and prevent GBV/VAW and girls in three urban areas of Kyrgyzstan where high prevalence rates of GBV persist.

The UNFPA CP Gender and Gender Based Violence Program area is consistent with and tailored to the needs of final beneficiaries and partners in Kyrgyzstan. Based upon document review and stakeholder interviews it is clear that UNFPA was very responsive to changes in national developments, such as an urgent crisis related to Gender Based Violence. The violent events of June 2010 in southern Kyrgyzstan have vividly demonstrated the need for a multisectoral coordination body in response to GBV in Emergencies and UNFPA initiated and led a process to build such body right after the events took place. According to statistics from crisis centres that were working at that time in Bishkek, Osh and Djalal-Abad oblasts, more than 300 women victims of gender-based violence were referred to crisis centres during and immediately after the Osh events.[91] Many experts believe that most of the raped women preferred not to seek help, which means that most of victims of sexual violence have not received any support, continue to suffer and live in fear that their case will become public.[92] The scale and tendency of domestic violence towards women and girls is alarming. The 2012 DHS results revealed that one-fourth of ever-married women have experienced physical violence, about 4% have suffered from sexual violence, and 14% have ever suffered emotional violence caused by their former or current partner. In addition, according to National Statistical data, the reported cases of domestic violence have increased by 21% in the two-year period from 2,580 cases in 2012 to 3,126 in 2014.

UNFPA's leadership in developing an interagency coordination mechanism in the cities of Bishkek, Osh and Djalal-Abad and in drafting GBV Standard Operating Procedures (SOPs) in Emergencies by relevant line ministries under the umbrella of the NAP 1325 has been viewed as highly relevant by all stakeholders. The GBV SOPs represent a national referral system that provides preventive and protective

[91] Molchanova E. (2015). Psychological help to women suffered from sexual violence. Unpublished work.
[92] Ibid and http://rus.azattyq.org/a/rape_women_during_uzbeks_kyrgyz_osh_clashes/24230638.html

services for the survivors of violence and sexual violence by strengthening interagency coordination mechanisms. The need for the development of such a mechanism was stipulated in the National Strategy to Achieve Gender Equality by 2020, which recognizes that a lack of coordination was one of the reasons why the implementation of the previous gender policy has failed.[93]

Gender experts believe that the work that is currently carried out to combat gender-based violence and domestic violence in Kyrgyzstan would not be possible without gender-disaggregated statistics that are collected and analysed with the UNFPA support[94]. For example, according to expert opinion, the data presented in the NSC publication, *Women and men of the Kyrgyz Republic*, stand out as the best among CIS countries. These data enable a better understanding of the nature of the problem and help develop appropriate preventive and response policy measures. In addition, the publication contains information on the core set of data for monitoring of MDGs gender-disaggregated indicators.

The UNFPA-supported survey *Gender norms and attitudes towards maternal health, fatherhood and GBV* that was conducted in 2013 in the city of Bishkek, Chui and Talas oblasts, is another example of the frequently cited (both by practitioners and academicians) and significant research projects that had enormous practical usage. The survey results were used to step up implementation of Chapter II of the NAP "Development of the Functional Education system" National Action Plan (NAP) for Achieving Gender Equality 2015-2017 with focus on parenthood and SRH. The findings of the survey demonstrated the high relevance of UNFPA Gender Transformative Programming and mobilized more actors in fighting against GBV. In addition, the survey results convinced governmental officials to start work on drafting the Family, Motherhood and Childhood Support Program for 2017 – 2022.

The UNFPA Gender and Gender Based Violence program is well reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs[95].

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's planned outputs and outcomes achieved? If so, to what degree? **2.B.**To what extent did the outputs contribute to the achievement of the Strategic Plan outcomes and, what was the degree of achievement of the outcomes?**2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of Gender and Gender Based Violence Program Area
Gender and GBV program's planned output and overall outcome has been partially met and have a high potential to be fully achieved in the near future. Output indicator 1: Reproductive rights were integrated into 2015-2017 NAP for Achieving Gender Equality Output indicator 2: 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). According to stakeholders, the most effective projects in which UNFPA achieved favourable results were: 1) the Gender Transforming Programming framework in which men and boys are mobilized in GBV prevention and in fighting against negative gender stereotypes, 2) creation of a

[93] National Strategy of the Kyrgyz Republic to Achieve Gender Equality by 2020.
[94] National Review of the Kyrgyz Republic in the framework of the Beijing Declaration and Platform for Action. http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/59/national_reviews/kyrgyzstan_review_beijing20_en.ashx

[95] For example, the Gender Transformative Program is in line with ICPD PA objective "to enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles".

sustained and coordinated system of interventions to address domestic violence in three urban areas of KR and 3) drafting of GBV Standard Operating Procedures in Emergency that establishes national mechanism capable of providing survivors of violence with adequate preventive, and protection services. Apart from pervasive gender stereotypes, shrinking of democratic space and the rise of religiosity, one of the major constraints is the fact that gender-related issues are not always regarded as of high priority by the Kyrgyz government due to the lack of gender sensitivity and high turnover of governmental officials. Among the factors that make the programme activities effective are narrow and focused areas of operation and constructive partnerships with key Governmental Ministries and the National Gender Machinery.

Based on review of program documents and stakeholders' interviews, the Gender and GBV program's planned output and overall outcome has been partially met and have a high potential to be fully achieved in the near future.

The UNFPA CO took the lead on GBV sub-cluster work. UNFPA CO is perceived by stakeholders as the only organization that provides a comprehensive approach in prevention and response to the GBV in Kyrgyzstan. This approach encompasses a wide range of activities such as collection and dissemination of data (both quantitative and qualitative), mobilization and capacity building of local actors (both state and non-state), strengthening of multi-sectorial response to GBV and forming of evidence-based policy and advocacy. One of reason for the overall success of the program mentioned by stakeholders was the fact that UNFPA staff always involves various actors in discussing in the early stages of their program design and are open to new ideas proposed by partner organizations. Such an approach results in more ownership of the programs by the community and increased effectiveness in addressing implementation barriers.

UNFPA KR is well known for its long-term effective cooperation with state agencies. There are at least two examples of projects in which, according to stakeholder's opinion, UNFPA had tremendous results, due to effective coordination of the relevant structures in the field of GBV prevention and response. First, since 2012 UNFPA Kyrgyzstan has been collaborating with city mayor's offices in Bishkek, Osh and Djalal-Abad to create a sustained and coordinated system of interventions to address domestic violence. As a result, City Mayors have created multi-sectorial coordination bodies chaired by the deputy Mayors. A monitoring and evaluation of GBV referral pathways conducted by UNFPA in 2013 found evidence of a strengthened interagency cooperation in response to domestic violence in two project locations. Starting from 2013, GBV response activities are now incorporated into annual work plans of City Mayors. Stakeholders who took part in field interviews rated the project highly and urged that it be scaled up in other localities of Kyrgyzstan. Second, in 2014 UNFPA provided technical support to relevant ministries and state agencies to draft sectorial-based regulations within the frame of institutionalization and integration of GBV SOPs in Emergencies. An interagency working group responsible for developing the document was formed with representatives of Ministry of Emergency Situations, Ministry of Defence[96], Ministry of Health, Ministry of Internal Affairs and Ministry of Social Development[97]. Many stakeholders believe that this multisectoral coordination mechanism supported by UNFPA has potential for promotion of other GBV issues, including domestic violence, early marriages and bride-kidnapping.

[96] Currently, State Committee for Defence
[97] Currently, Ministry of Labor and Social Development

UFPA has been engaged in peacebuilding programmes for many years, at least since the very beginning of the Peacebuilding Fund in 2007. While peacebuilding is not included in the 2014-2017 SP, it is an area where UNFPA has a role to play and may engage more strategically and systematically in the future. UNFPA KR was able to leverage PB funds to promote and advance UNFPA mandates in the country, particularly GBV response and prevention (such as the development of a SOP on GBV in emergency, clinical management of rape trainings, and increased awareness of community and religious leaders about gender and GBV).[98]

Based on opinion of stakeholders, involvement of men and boys in GBV prevention is one of the unique and effective approaches undertaken by UNFPA through Gender Transforming Programming. By diverging the image of men and boys from being a "problem" to being a "solution", UNFPA CO managed to highlight and focus on institutional and socio-cultural aspects of society that produce and reproduce gender inequality and discrimination in Kyrgyzstan. This approach challenges the perception of GBV as "women's problem" and constructs the image of men and boys as key agents of change in GBV prevention and in fighting against negative gender stereotypes.

Despite enormous efforts in emphasizing positive norms and values that are part of masculine identities and positive messaging about involved fatherhood and caregiving, the available nationwide data on time spent by males on child upbringing has not increased: it has slightly decreased in 2015 since 2010 (see Table 10). Furthermore, as indicated by 2015 NSC Sample Survey on Time Management in Figure 14 below, despite the fact that UNFPA has carried out a series of events within the framework of the "Happy Fatherhood" campaign in Talas oblast in 2014, males in this oblast demonstrate one of the lowest rates of involvement in child upbringing: 4 minutes per day in rural areas and 5 minutes - in urban areas[99]. It should be noted here, however, that the Campaign launched in Talas was an entry point for raising awareness and sensitization on unequal distribution of unpaid care work in the household and the role of men in care giving. It may be premature to expect to see an impact of this intervention on these types of data.

Table 10: Distribution of day time of employed males on child upbringing, in % of daytime

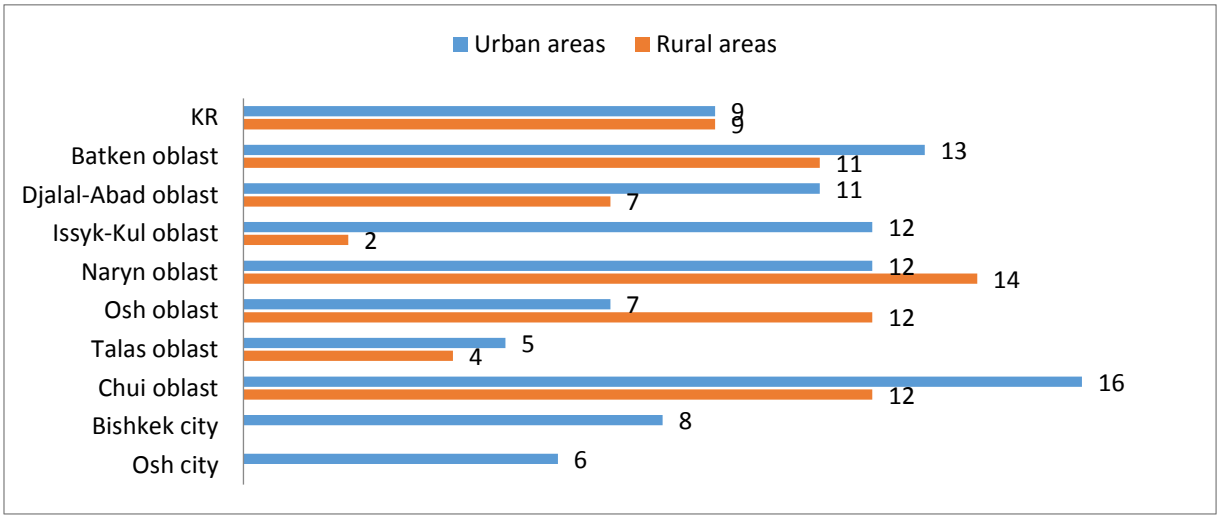
	Urban areas	Rural area
2010	0.7	0.9
2015	0.7	0.6

Source: National Statistical Committee: Women and men of the Kyrgyz Republic 2009-2013, Results of the Sampled Survey on Time Management, 2015

[98]There were some instances of PB activities where the primary focus was on peace building rather than UNFPA CP mandates. For example, based on stakeholder interviews and site visits with some PBF implementing agencies, the focus was almost exclusively on conflict resolution.

[99]Since trend data are not available, it is not possible to state whether or not there were any changes in father participation in Talas.

Figure 16: Number of minutes that employed males spend on child upbringing per day



Source: National Statistical Committee: 2015. Results of the Sampled Survey on Time Management

All partners in Talas and Chui oblasts have clearly demonstrated their positive evaluation of "Happy Fatherhood" campaign and expressed their intentions to continue the work that was started. As a result, the Module "Responsible Fatherhood" for HPCs was developed and Regional Health Promotion Unit and VHCs have included Gender Transformative Programming approaches into their annual action plans. However, one of the stakeholders during individual interview shared their concern over the effectiveness of the campaign and noted that there might be some risk of stigmatization of single mothers and children who are raised without the males' involvement.

As one stakeholder mentioned, it is important to have allies in promoting gender equality and religious organizations nowadays are one of the most influential agents of change in the society. Recognizing such great potential, among other initiatives, UNFPA has actively involved religious leaders in various measures under the Peace Building Fund. One of many evident achievements of such collaboration was the development of Education for Peace program (EPP) curriculum for madrasas in which Gender issues have been mainstreamed, with special attention to GBV issues.

The effectiveness of such cooperation was proven in January 2016 when, despite general assumptions to the contrary, religious leaders have supported the initiative of a group of members of parliament to impose restrictions on religious ceremonies for underage girls. Several experts noted during the interviews, that such openness of religious organizations resulted from long-term collaboration with UNFPA.

Mutakalim, with whom UNFPA has developed close partnership, acts as a bridge to closed religious communities where the participation of women in activities is very limited. Such cooperation can bring the women's voices from these communities into the mainstream. However, there is a potential risk of the conflict of women rights from constitutional and Islamic perspectives since some religious norms and beliefs expressed by religious leaders during field interviews appeared to reinforce gender stereotypes and are counterproductive to gender equality.

UNFPA has invested considerable efforts in capacity building of local partners through training. Thus, in the time period from 2012 through 2015, UNFPA has organized 24 trainings with a total of 518 participants and a cumulative 40,5 days of trainings. Out of 24 sessions, 10 trainings were organized within the framework of Gender Transformative Programming, 9 seminars were devoted to the

construction of Inter-sectorial Response to Gender-Based Violence in Emergency and Crisis Situations and the rest 5 trainings were conducted among interviewers of National Statistical Committee who were involved in data collection phase of the GSPS project.

Although considerable efforts were invested in training the healthcare providers, who can be involved in promotion of women's empowerment and engaging men in gender equality, there were cases when the health care providers consider some ideas as being culturally inappropriate or alien to "Kyrgyz mentality". For example, some health care providers disagreed with the idea that men and women are capable of performing the same kind of work and stated that presence of husbands during childbirth does not suit the local culture. One instructor in birth preparedness school, who participated in Responsible Fatherhood training commented that the training was not useful and stated that, despite all invested efforts, the number of men who come to the lessons in birth preparedness school has not increased. Nonetheless, all the health care providers interviewed admitted that it is not possible to get fast results in short period of time and felt that the work in promoting the men's involvement should continue.

Output Indicators As shown below in Table 11, there are two indicators for Output 5 for the Gender Outcome in the UNFPA Kyrgyzstan aligned 2014-15 CPAP planning and tracking tool. Only one of the indicators was achieved. Reproductive rights were integrated into the previous NAP for Achieving Gender Equality 2012-2014 and the current NAP for Achieving Gender Equality 2015-2017 in Chapter II "Development of the Functional Education system" with the focus on parenthood and SRH. 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). In addition, Ministry of Health has already adopted two documents on arrangements for emergency response and developed regulations on provision of psychological support for survivors of violence.

While only one out of two output indicators was achieved, a case can be made that the Gender and GBV activities have made a significant contribution toward the achievement of the Strategic Plan Outcome 3, "By the end of the program cycle, UNFPA expected to advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth." As described above, the UNFPA G and GBV programme encompasses a wide range of activities, including the strengthening of national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence, all of which contribute toward the SP Outome 3.

Table11. UNFPA Kyrgyzstan CP Gender and Gender Based Violence Outcome 3 and Related Outputs

Strategic Plan Outcome 3: Advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth **CPAP output 5**: Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.							
		Year 1 [2014]		**Year 2 [2015]**		**Year 3 [2016]**	
Output indicators:		Target	Achievement	Target	Achievement	Target	Achievement
Reproductive rights are integrated into the NAP on gender equality; (SP indicator 9.2)	Baseline: No Target: Yes	RH rights are included into NAP 2012-14	Achieved	RH rights are included into NAP 2015-17	Achieved	Achieved	Achieved
Functional National Coordination Mechanism as result of UNFPA guidance and leadership exists;	Baseline: No Target: Yes	**N/A**	N/A	SOP in humanitarian setting	no	SOP in humanitarian setting	
Prior CPAP OUTPUT 4 (KYR3U604): Improved awareness, attitudes and behavior of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities.							
		Year 1 [2012]		**Year 2 [2013]**			
Number of countries with gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations	**N/A**	N/A	N/A	**N/A**	N/A		

Constraining and facilitating factors and the country context As evidenced by stakeholder interviews, site visits and group discussions and desk review a range of constraints and facilitating factors emerged with respect to the implementing the UNFPA Gender and Gender-Based Violence activities.

Constraints: One of the major constraints in carrying out program activities is the fact that gender-related issues are not always regarded as of high priority by the Kyrgyz government, due to the lack of gender sensitivity of governmental officials. The lack of effective mechanisms for monitoring and evaluation of gender policy implementation as well as absence or limited amount of funds secured for the implementation of Gender related National Action Plans were major hindrances to ensuring gender equality in Kyrgyzstan. It requires long time and efforts to build capacity of state officials, to raise their gender sensitivity and advocate for the implementation of programme initiatives. High turnover of governmental officials slows down the progress in this area. Pervasive gender stereotypes, shrinking of democratic space, the rise of religiosity and radicalization are other significant barriers faced by UNFPA and other agencies in promoting gender equality in Kyrgyzstan.

Facilitating Factors: One of the factors that make the programme activities effective is that they are focused on just a few areas. The objectives of the projects launched by the CO are evidence-based, feasible and relatively easy to evaluate. Another very important factor that contributed to the success of the program is that the UNFPA managed to establish constructive partnerships with key Governmental Ministries and the National Gender Machinery. Many stakeholders also noted the UNFPA staff have extensive experience with advocacy campaigns.

EFFICIENCY

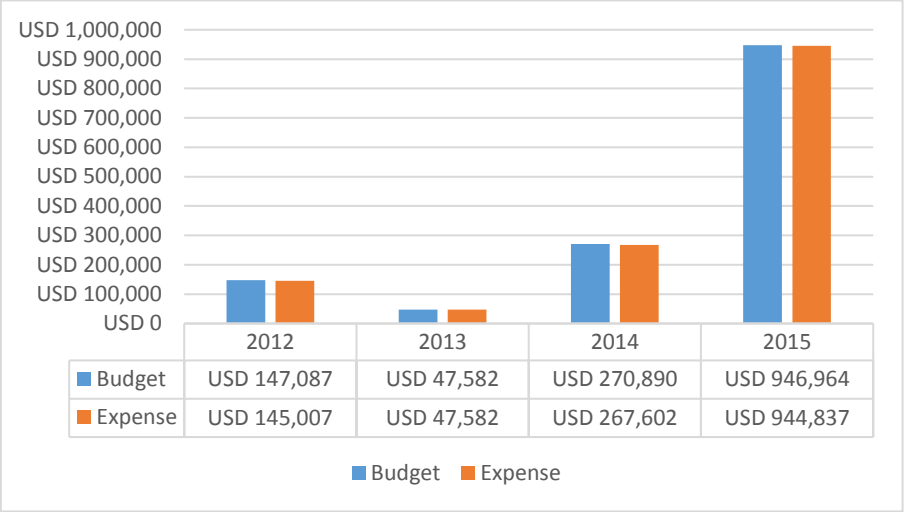
The questions: For all 4 areas – 3.A. To what extent did the CO make good use of its human, financial and technical resources to pursue the achievements of outputs defined in the UNFPA CP**?** **3.B.** To what extent did the CO use an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA CP?

Summary Findings – Efficiency of Gender and Gender Based Violence Program Area. UNFPA CO has made excellent use of human, financial and technical resources. One of the most evident challenges of the program is that it operates with very small budget and that there were extensive open discussions with stakeholders on how the available funds should be used. Interviews with stakeholders and analysis of documents revealed that UNFPA CO used a variety of innovative approaches and tools to pursue the achievements of outputs. Using a combination of appropriate approaches was especially evident within the framework of the Gender Transformative Programming project.

Based on review of financial documents, stakeholder interviews, and a review of Annual Work Plans, the UNFPA Gender and Gender Based Violence Area has made excellent use of its human, financial and technical resources. The effective use of human resources was frequently mentioned during semi-structured interviews with stakeholders. Overall, the program budget ranged from about US$150,000 in 2012 to almost US$1,000,000 in 2015. Figure 15 below demonstrates that there was quite significant fluctuation of the program's budgets. The budget has reduced by more than three times in 2013 in comparison with 2012, and then it increased by almost 6 times in 2014 in comparison with the previous year and then increased about 4 times in 2015 in comparison with previous year. The increase in budget from 2014 resulted from the success of obtaining PBF project that related well to UNFPA Gender and Gender – Based Violence program mandate. As the figure below demonstrates, despite major budget changes, UNFPA KR was able to maintain a high financial implementation rate which is indicative of a high capacity to utilize resources.

All interviewed stakeholders, who took part in programme initiatives pointed out that one of the most evident challenges of the program is that it operates with very small budget and that there were extensive open discussions with stakeholders on how the available funds should be used. Although the programme had limited resources, the staff were able to see opportunities to promote their agenda. However, in some instances the program had to limit the scale of their interventions. For example, in 2015 lack of funds for Gender Transformative Programming limited the Men and Boys Involvement Campaign to just one administrative district and one vocational training school.

Figure 17. Gender Program Budget Versus Expenditure 2012-2015



Interviews with stakeholder and analysis of documents demonstrated that UNFPA CO used a variety of innovative approaches and tools to pursue the achievements of outputs. For example, within the framework of Gender Transformative Programming, UNFPA CO conducted a survey on *Gender norms and attitudes towards maternal health, fatherhood and GBV* the results of which was widely disseminated and used as basis to conduct a series of trainings with local self-government representatives, vocational school instructors and students, social workers and health care providers. Other innovations included the organizing of a series of Young Fathers Contests, football (soccer) tournaments, and fathers' visits to their sons at a military unit.

SUSTAINABILITY

The questions: For all 4 areas – 4.A. To what extent has the CO been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure: a) ownership and b) the durability of effects? **4.B.** Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Summary Findings – Sustainability of Gender and Gender Based Violence Program Area. UNFPA has contributed to sustainable capacity development by enhancing advocacy on GBV, strengthening the capacity of stakeholders who are involved in GBV prevention and mitigation, and awareness raising among a wide group of diverse populations. The results of the UNFPA KR-initiated Gender Transformative Programming and the establishment of multisectorial coordination in prevention and response to GBV clearly demonstrate that stakeholders are motivated and willing to continue carrying out programs activities.

Aside from policy changes that were described earlier, UNFPA has contributed to sustainable capacity development by enhancing advocacy on GBV, strengthening the capacity of stakeholders who are involved in GBV prevention and mitigation, and awareness raising among a wide group of diverse populations.

For example, as mentioned above, within the framework of Gender Transformative Programming, UNFPA has supported numerous initiatives that strengthened capacity of various groups and raised awareness on gender based violence and gender equality. Some examples of UNFPA contributions toward capacity building and mechanisms to promote sustainability include the following:

- Intensifying advocacy through active dissemination of the main findings of the *Survey Gender norms and attitudes towards maternal health, fatherhood and GBV* and the achieved results of the Happy Fatherhood Campaigns during the round tables, training sessions, information materials and mass media (including online media).
- Strengthening cooperation between different stakeholders working on gender and GBV issues at regional and rayon levels.
- As a part of capacity building, a series of trainings targeting Gender Equality and GBV was implemented with local self-government representatives, vocational school instructors and students, social workers and health care providers. Effects of this capacity building included:
    - Based on information provided by local stakeholders, as results of efforts directed towards gender sensitization and capacity building of the governmental officials at oblast and rayon level to combat GBV, the local authorities started to include and allocate funds for financing activities that were held during the Happy Fatherhood Campaign.
    - Regional Health Promotion Unit and VHCs has included Gender Transformative Programming approaches into their annual action plans.
    - The Module "Responsible Fatherhood" for HPCs was developed.
    - Some vocational school instructors have incorporated GBV topics into the HLS course.

- Broadening the audience for capacity interventions, through organizing Young Fathers Contest, football (soccer) tournament, fathers' visits of their sons at a military unit.
- Ensuring the multiplier effect through strengthening cooperation with health care providers and vocational school instructors.
- Inspiring motivation and leadership abilities of fathers who continue carrying out the activities. As a result, active fathers continue conducting training sessions in birth preparedness school at least once in 2-3 months in Talas oblast and plan to open a Fathers NGO that is aimed at promoting the idea of involved fatherhood and caregiving.
- Scaling up the project to the whole country that is ensured by Resolution initiated by the Vice - Prime Minister with a set of Recommendations submitted to the Prime Minister Office for inclusion of good practice into the National Action Plan for Gender Equality (2015-2017).

There were several concrete examples that clearly demonstrated how stakeholders were ready to carry out project activities that were held during the Happy Fatherhood Campaign. These include, the decision of fathers to open a Fathers' NGO, the allocation of funds for financing activities to combat GBV by the governmental officials at oblast and rayon level, the inclusion of Gender Transformative Programming approaches into HPUs and VHCs annual action plans, the design of "Responsible Fatherhood" Module for HPCs and the incorporation of GBV topics into the HLS course by vocational school instructors.

There is evidence that the results of other interventions that UNFPA has initiated in the area of GBV prevention and response are sustainable from a long-term perspective. As a result of collaboration with three city administrations, City Mayors have created multi-sectorial coordination bodies chaired by the deputy Mayors who have incorporated GBV response activities into their annual work plans. In addition, although the Statute on a multi-sectoral coordination body in response to GBV in Emergency has not been formally adopted by Kyrgyz government, the Ministry of Health has already accepted two

documents on arrangements for emergency response and developed regulations on provision of psychological support for survivors of violence.

4.4 Population and Development

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners? **1.B.** To what extent does the current programme reflect UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs? **1.C.** To what extent was the country office able to respond to changes in the national development context?

Summary Finding – Relevance of PD Program Area There is compelling evidence that the current UNFPA PD programme area is extremely consistent with and tailored to the needs and expectations of final beneficiaries and partners. The PD staff are very sensitive to the needs of their constituent agencies, making every effort to be responsive and being careful not to impose external donor priorities. The PD program activities are strongly reflective of UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs. In addition to revising activities to reflect UNFPA global program priorities as shown in the revised 2014 CPAP Monitoring and evaluation framework, the PD activities have explicitly addressed the ICPD agenda, MDGs and SDGs. The PD program activities have been very responsive to changes in the national development context. This is evidenced by the UNFPA KR PD long-term capacity building efforts in collaboration with the NSC, RMIC, State Registration Service, and the Ministry of Economy (especially for demographic projection expertise).

Based on stakeholder interviews, review of UNFPA program documents, training and other data, there is compelling evidence that the current UNFPA PD programme area is extremely consistent with and tailored to the needs and expectations of final beneficiaries and partners. This is demonstrated by the UNFPA KR PD team's collaboration with UNFPA KR RHR and Youth staff in successful advocacy work that achieved the passage of the RH Law in July 2015. This required a long-term UNFPA collaboration within national policy context (with both Ministry and Parliamentary leadership) over five years, with a careful monitoring of social and political trends. (See UNFPA KR PD Best Practice report). It is also clearly demonstrated by long-term capacity building efforts in collaboration with the NSC, RMIC, State Registration Service, and the Ministry of Economy (especially for demographic projection expertise).[100] The PD staff are very sensitive to the needs of their constituent agencies, making every effort to be responsive and being careful not to impose external donor priorities. The PD program activities are strongly reflective of UNFPA policies and strategies, as well as global priorities, including the goals of the ICPD Program of Action and the MDGs. In addition to revising activities to reflect UNFPA global program priorities as shown in the revised 2014 CPAP Monitoring and evaluation framework (shown in Annex 4), the PD activities have explicitly addressed the ICPD agenda and MDGs and SDGs[101] (for example in-depth and intensive work in 2012 to the 'ICPD beyond 2014' review

[100] UNFPA KR PD work has been instrumental in laying the ground work for the capacity needed for key ministries to do sophisticated population demographic projections to inform policy planning. Formerly, Kyrgyzstan relied on centralized state planning projections done in Moscow. With independence, there is an urgent need to develop national capacity for this work. Government of the KR established a technical group in 2015 for Demographic forecasting, the purpose of which is the preparation of a single and coherent demographic projection of the Kyrgyz Republic for the medium term, providing analytical materials of the Coordinating Council on macro-economic and investment policy at the PKR and providing timely recommendations for management decisions on the formation of adequate social policies of the State. The focal point is currently in the Ministry of Economy, but there is likely to be expansion of this expertise to other Ministries (Results from training follow up interviews, April 2016.)

[101] For examples of SDGs related to RHF see 3.7.1 The share of women of reproductive age (from 15 to 49 years), whose needs on family planning services are met modern methods3.7.2. Fertility among adolescents (age from 10 to 14 years and aged from 15 to 19 years) on 1000 women in this age Group. From Annex (IV) Final list of proposed indicators of achievement of the objectives in the field of sustainable development (downloaded in Russian from Stat.kg May 2016).

process for KR, which was documented as best practice at the global level (ICPD Country Implementation Profile), technical support for monitoring GBV, and direct responsibility for the in-depth analysis and writing of the MICS 5 report, which is a key resource for the MDG indicators). The PD program activities have been very responsive to changes in the national development context. This is clearly evidenced by the role UNFPA KR PD staff in responding to major challenges to the 2015 RH Law: the second reading RH law faced strong opposition from religious MPs and over time the composition of the Parliament has grown less competent and more religious compared to previous parliaments. The UNFPA KR PD staff dealt with this strong opposition using sensitive strategic approach, working with an extended network of stakeholders to achieve a compromise that nonetheless retained the essential wording of the legal document. It is also illustrated by the sustained approach taken by PD staff, working with counterparts at the Ministry of Economy and other Ministries to facilitate capacity building for the demographic projections to guide planning toward informed population policies without imposing UNFPA's agenda.

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's planned outputs and outcomes achieved? If so, to what degree? **2.B.**To what extent did the outputs contribute to the achievement of the Strategic Plan outcomes? **2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of PD Programs There is a strong evidence that UNFPA activities have made significant contributions toward the achievement of Output 6, which have contributed to the achievement of Outcome 4. There are multiple examples of effective implementation of UNFPA KR PD related activities. For example, the UNFPA CO made significant contributions to the 2012 KR DHS, which is a pivotal resource for monitoring national SRH trends. UNFPA PD staff made major contributions to the 2014 MICS 5 (strong collaboration with UNICEF at all stages, including a leadership role in drafting the MICS5 document). UNFPA PD staff also have a long-term collaboration with the NSC in the preparations for and analysis of census data. In addition to helping to prepare a road map for preparing for the next census, UNFPA KR is taking initiative to seek donor support for the census in 2020. All but one of the six indicators for Output 6 (and the prior Outputs 5 and 6) have been achieved by the time when this evaluation was carried out. The PD team faces multiple constraints, including a relatively small number of staff and a limited budget; a formidable policy constraint within the current country context has been the pervasive trend towards greater religiosity and more conservative values with regard to SRH. The funding environment for population and development is difficult both at the national and international level. Factors contributing to the PD programme progress include the long-term professional commitment and motivation of UNFPA PD staff, who are able to collaborate effectively on multiple policy fronts with sister UN Agencies and a wide range of Ministries.

Despite a small staff and a relatively small budget, the UNFPA KR PD activities have made significant contributions to the achievement of the PD Output 6 "Strengthened national capacity for production and dissemination of quality disaggregated data on population dynamics, youth, maternal health, SRH and GBV" and in turn the overall PD Outcome 4 "Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality." There is strong evidence that UNFPA activities for Output 6 have contributed to the achievement of Outcome 4. As discussed below, all but one of the six indicators for Output 6 (and the prior Outputs 5 and 6) have been achieved by the time when this evaluation was carried out. There are multiple examples of effective implementation of UNFPA KR activities. These include:

- The above mentioned successful advocacy work that achieved the passage in July 2015 of the RH Law, which has received global UNFPA recognition (second runner-up out of 68 entries) as a best practice.
- Building an environment for cooperation among ministries to help resolve difficult population data collection and management issues (Based on interviews with key stakeholders).
- Significant contributions to the 2012 KR DHS (supported publication of documents) and 2014 MICS5 (Strong collaboration with UNICEF at all stages, including major leadership role in drafting the MICS5 document).
- Long-term collaboration with the NSC in the preparations for and analysis of census data. In addition to helping to prepare a road map for preparing for the next census, UNFPA KR is taking initiative to seek donor support for the census in 2020.
- Support for Ministry of Economy, RMIC, Government Administration and NSC staff participation in international course on Population and Development at the Higher School of Economics in Moscow to increased skills and knowledge on health, mortality, migration indicators, changes in age structure and their social and economic implications, gender issues, demographic forecasts and population policy. The knowledge gained from UNFPA-supported training on population and development and courses on demographic projections have provided the basis for work on the preparation of demographic projections of the Kyrgyz Republic to the year 2050 (Results of training follow-up interviews with Min of Economy staff). The capacity building for demographic projections in the context of population and development has very high potential for long-term impact beyond the Ministry of Economy, which is enthusiastic about the improved validity of projections that are informed by demographic trends and feels it can and should be shared with colleagues with other ministries. It may be feasible in the longer term to support local academic institutions to train their faculty in order to have the capacity to offer courses on demographic projections, such as the Kyrgyz Russian Slavonic University Department of Mathematical Methods and Operational Research in Economics.
- Support for a high quality revision of the NSC website to facilitate dissemination of official statistics in Russian, Kyrgyz and English (see www.stat.kg). This facilitates access to the UNFPA-supported resource document "Women and Men in the Kyrgyz Republic" and population data. [102]
- Support to the RMIC and other stakeholders to strengthen data collection system on violence against women and girls. This has increased the availability of data on violence against women and girls: starting from 2012, additional 23 tables were added in the above mentioned gender-disaggregated report on women and men, which is available on line.
- Support for introduction of Population Registry in Kyrgyzstan. This includes a 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 a Population Registry (COAR 2014) and training of 106 Civil Registration staff in use of AIS ZAGS software.
- Support for national training on International Statistical Classification of Diseases and Health Problems, WHO ICD10, to ensure that all medical staff responsible for filling out of medical death certificates know how to use ICD10 coding and how to fill out the form properly.
- Support for the development of a major synthesis of National data on youth by the Kyrgyzstan National Statistical Committee in 2014. This led to the publication of an important resource

[102] See http://stat.kg/media/publicationarchive/5f8a3ff7-e9b7-480a-87c0-2b011d7e64fe.pdf

document that has been noted as a best practice, "The Youth in the Kyrgyz Republic Statistical Yearbook."[103]

While the KDHS and MICS are similar in many respects, they are not interchangeable. For example, the KDHS provides nationally representative data on fertility preferences and abortion and has complete chapters devoted to these topics, both of which are essential to UNFPA KR mandates to measure and monitor progress toward key outcomes. The MICS does not cover these topics; for example, abortion is not mentioned even once in the MICS5 report and there is no chapter of fertility preferences. The 2012 KDHS should be replicated every ten years. With the phase out of USAID support for SRH in KR, it is not clear if or when another KDHS will be implemented.

For the time period from 2012 through 2015, UNFPA KR has implemented an impressive amount of training as part of the above mentioned activities, a total of 22 trainings for 348 participants, with over 900 person days of training. The trainings for demographic projections and for the Ministry of Economy and allied staff from the RMIC have reached 74 staff with 8 trainings, 56 days of training, the equivalent of 365 person days (data not shown, available on request). While feedback on training has been favourable, based on training follow up interviews with staff at the vital registration office in Osh City, there is a need for more regular follow-up to address questions and problems that emerge with the adoption of new software for vital statistics.[104] While generally favourable, participants in software training felt that there was a need for follow-up to address accumulated questions and problems with vital events software.[105] One-time training on-site was found to be effective but require regular monitoring to address problems that emerge over time; it is important to build in regular supportive supervision monitoring visits for software trainees.

Output Indicators As shown below in Table 12, there are two primary indicators for the current CPAP Output 6 for the PD Outcome 4 in the UNFPA Kyrgyzstan aligned 2014-15 CPAP planning and tracking tool. There are also four pertinent indicators for the prior CPAP Outputs 5 and 6 under the initial CPAP planning and tracking tool for 2012-2013. Five of these targets for these indicators (related to training, publications and policies) have been met, with the exception of an indicator related to the initiation of a database with population-based data accessible by users through web-based platform, which is anticipated to be achieved by 2017. This indicator is still in progress, because NSC is working on unifying and integrating different databases under one database. The NSC's website was upgraded as part of UNFPA PD supported work under this indicator. The website has been designed in such a way that it will further integrate web-based platform not only for population-based data, but all of NSC data (Source: UNFPA KR PD staff). The progress toward achievement of these output indicators has contributed to a great extent to the achievement of the PD Outcome 4, "Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality." For example, the role of the PD in the collection and dissemination of the 2012 KR DHS and 2014 MICS,

[103] The National Statistical Committee Kyrgyz Republic, The youth in the Kyrgyz Republic Statistical Yearbook, Bishkek 2014. This work was cited as a best practice example in the Evaluation of UNFPA Support to Adolescents and Youth (2008-2014).

[104] Respondents reported that they had numerous problems with the software and felt that there should have been more time devoted to on the job training and that onsite follow-up was long overdue to resolve issues.

[105]Based on feedback from UNFPA KR PD staff, it should be noted that the software and training module were developed by State Enterprise Infokom under the State Registry Service. UNFPA supported travel and DSA of trainers to kick start the use of AIS ZAGS. Further follow up was done by SRS. UNFPA regularly meets with SRS to seek update on situation with Population Registry. Since UNFPA KR's work is driven by national needs, more support could have been provided, if such request was made to UNFPA. However, no such request was received.

as well as its success in the improved availability of demographic data on the NSC's website has been a major contribution to the achievement of Outcome 4.

Table 12. UNFPA Kyrgyzstan CP PD Outcome 4 and Related Outputs

SP Outcome 4: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality. **CPAP Output 6:** Strengthened national capacity for production and dissemination of quality disaggregated data on population dynamics, youth, maternal health, SRH and GBV							
		Year 3 [2014]		**Year 4 [2015]**		**Year 6 [2016]**	
Current CPAP Output 6 indicators:		Tar-get	Achievement	Target	Achievement	Target	Achievement
Number of databases with population-based data accessible by users through web-based platforms; (SP indicator 12.2)	Baseline:**2013=0** Target:**2017=1** (database on NSC website)	0	0	0	0	0	0
Number of persons trained through UNFPA support in the production, analysis and dissemination of statistical data; (SP indicator 13.3)	Baseline: **2013-309** Target: **2017-500**	334 (25 in 2014)	444 (135 in 2014)	469(15 in 2015)	470 (16 in 2015)	500 (30 in 2016)	
Prior Output 5: Enhanced national capacity for the production, utilization and dissemination of statistical data on population dynamics, youth, maternal health and SRH							
		Year 1 [2012]		**Year 2 [2013]**			
		Tar-get	Achievement	Target	Achievement		
Number of persons trained through UNFPA support in the production, utilization and dissemination of statistical data	Baseline: **(in 2012) 115** Target: **(2013) 199**	155	159 (44 people trained in basics of medical and demographic data)	199 (20 people in PC Axis, 20 people in GBV data collection)	296 (109 people trained in use of GBV sectoral data collection methodology guide books, 6 people increased technical skills for data production and dissemination, 22 people PC-Axis)		
Number of publication materials published with the support of UNFPA	Baseline: **(in 2012) 4** Target: **(2013) 16**	8	11-MW 2011 in Russian, ICD10, Publication of Population and Housing Census	16 (MW 2012 in Kyrgyz and English, 3 DHS publicati ons)	29 (MW 2012 in Kyrgyz and English, MW 2013 in Russian, 3 DHS publications, 8 DHS thematic brochures, Integrated household and labour force survey results, 3 types of sectoral data collection methodology guidebooks- additional and updated printing)		
Prior Output 6: Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics and population issues (with focus on maternal health and SRH)							
Number of revised/new policies around population issues	Baseline: **(in 2012) 0** Target: **(2013) 1**	1	0	1	0 (Achieved in 2015)		
Number of persons trained by UNFPA on data analysis, evidence-based planning and policy formulation	Baseline: **(in 2012) 3** Target: **(2013) 11**	6	6 1 person NSC- 2 persons from the Ministry of Economy.	11 (2 in PD and at least 3 in populatio n projectio ns)	13 (2 in PD, 5 in population projections- 2 NSC, 2 Ministry of Economy, 1 UNFPA)		

Constraining and facilitating factors and the country context Based on results from stakeholder interviews, site visits and group discussions and the desk review, a range of constraints and facilitating factors emerged with respect to the implementing the UNFPA PD activities.

Constraints: As mentioned above, apart from relatively small number of staff and a limited budget, a formidable policy constraint within the current country context has been the pervasive trend towards greater religiosity and more conservative values with regard to SRH[106]. The funding environment for population and development is difficult both at the national and international level; a well-considered UNFPA USD million 1.4 proposal for development assistance in 2014 has not been funded, but there is a possibility it may be funded in 2016.[107] Based on stakeholder interviews, at times it is difficult to work with ministries to share data. For example, when approached to develop an interactive information system, some ministries are defensive, seeing it as a threat. Technical challenges include a lack of uniform age groups for all data; some data are not disaggregated by one year intervals, or are not available at rayon level. A UNFPA-supported analysis found significant gaps in the legislation in terms of delegation of authority in registration of vital events to the local authorities. With the exception of NSC and SRS, high staff turnover within partner organizations, especially at the local level, has been a challenge and requires refresher training.

Facilitating Factors: The key facilitating factors contributing to UNFPA KR success in the PD program area include the long-term professional commitment and motivation of UNFPA PD staff, who are able to collaborate effectively on multiple policy fronts with sister UN Agencies and a wide range of Ministries. UNFPA KR PD staff are adept in maintaining productive linkages with other UNFPA programs (youth, gender, RH), regional programs (projections, RH law) and international partners (AFPPD- Parliamentarians, RH law). Despite the trend toward religiosity and conservatism, the KR has a favourable openness and transparency politically, which is a tremendous asset in providing access to and facilitating the sharing of population data. [108]

[106]While perhaps less acute for PD than for SRH issues, the problem of greater religiosity and conservative values has important negative implications for the promulgation of sound population policies.

[107] The project proposal was quite thorough and well-drafted and included four objectives: 1.To strengthen civil registration and vital statistics systems; 2. To conduct pilot census as part of preparation for Population and Housing Census in 2019; 3.To introduce preparation of population projections and use of its results in macroeconomic projections. 4. Strengthen capacity of national statistics system in data dissemination and interaction with data users. See "KYRGYZSTAT: Strengthening National Statistics Systems of the Kyrgyz Republic to produce, analyse and disseminate population statistics." Country: Kyrgyzstan Proposed starting date: 2014.

[108]The 2015 COAR Critical Assumption Number 4 (shown on page 49 of the COAR) implies a favourable climate for transparency in population data. "Rating of the current government position with respect to strengthened national policies 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." Rated as not likely to change in the next three months, likely to continue support.

EFFICIENCY

The questions: For all 4 areas – 3.A. To what extent did the CO make good use of its human, financial and technical resources to pursue the achievements of outputs defined in the UNFPA CP**?** **3.B.** To what extent did the CO use an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA CP?

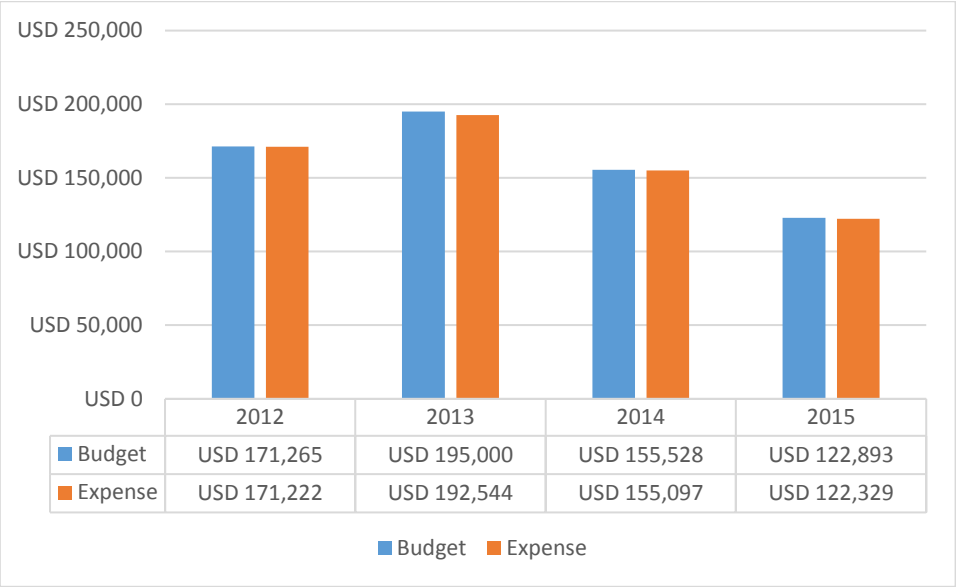
Summary Findings – Efficiency of PD. The PD Programme Area has made efficient use of available human, financial and technical resources to achieve Output 6: all budgeted funds have been fully expended at a remarkable 99%. UNFPA KR PD staff ensure that the relatively limited resources are used to the fullest extent possible. Feedback from stakeholders on efficiency was very favourable. For example, it was noted that UNFPA KR PD staff would do translations of documents in house to economize. UNFPA KR PD leverages its relatively small budget by maintaining productive linkages with other UNFPA KR programs, regional programs, other UN Agencies and international partners, such as AFPPD-Parliamentarians. The UNFPA PD staff implement an appropriate balance of activities toward the achievement of Output 6. This entails an effective combination of long-term interagency planning and cooperation with multiple stakeholders, targeted technical training and strategic policy advocacy.

Based on stakeholder interviews, review of financial documents, review of Annual Work Plans, and Standard Progress Reports, the PD Program Area has, to a very high extent, made good use of available human, financial and technical resources to achieve Output 6. As shown below in Figure16, the evolution of the budget and expenditures from 2012 to 2015 show that all budgeted funds have been fully expended at a remarkable 99%. This reflects the care taken by UNFPA KR PD staff to ensure that the relatively limited resources are used to the fullest extent possible. Feedback from stakeholders on efficiency was very favourable. For example, it was noted that UNFPA KR PD staff would do translations of documents in house to economize. The role of the UNFPA KR PD in advocacy for policy and law is a long-term gradual process, but is perceived to have a very high long-term return on investment and therefore is considered quite efficient. Respondents felt that training seminars were efficient in that, once an initial core of staff were trained, these staff were able to train others based on the training they received. In one instance, however, concern was raised that UNFPA KR procurement procedures were very strict, which was felt to have been inefficient since it caused delays and missed deadlines. High staff turnover at the local level is a threat to efficiency as the investment in training is lost when staff transfer to other positions. On the other hand, the costs for PD training appeared reasonable. For example, the estimated costs for on-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software was US$56 per participant training day.[109] The UNFPA KR PD team achieves efficiency by using an appropriate balance of activities to achieve Output 6. As noted above, UNFPA KR PD leverages its relatively small budget by maintaining productive linkages with other UNFPA KR programs (youth, gender, RH), regional programs (projections, RH law), other UN Agencies (UNICEF, IOM, WHO) and international partners (AFPPD- Parliamentarians, RH law). [110]

[109] Data were obtained for the costs for seven randomly selected trainings that took place between 2014 and 2015. The weighted average cost per participant training day was US$ 114 with a range in cost per participant training day from US$21 to US$226. The higher costs per participant training day were associated with regional trainings that required travel and per diem expenses (Data not shown. Available on request).

[110] For example, to enhance cooperation and planning and avoid duplication of effort on PD related activities, the UNFPA KR PD team participates in regular meetings three to four times a year with counterpart PD agencies (meetings convened by NSC).

Figure 18. PD Program Budget Versus Expenditure 2012-2015



SUSTAINABILITY

The questions: For all 4 areas – 4.A. To what extent has the CO been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure: a) ownership and b) the durability of effects? **4.B.**Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Summary Findings – Sustainability of PD Program. Stakeholders reported that the PD program activities have long-term durable effects, citing implementing partner ownership of new techniques, software and activities. UNFPA KR PD team efforts are sustainable and result in genuine ownership of new activities due to PD staff philosophy of working to advance the priorities of KR counterpart agencies and to avoid donor driven approaches. UNFPA KR PD leadership to help improve cooperation among key population data stakeholders are likely to have durable effects and result in stakeholder ownership of new innovations. Some recipients of UNFPA KR PD technical assistance reported they had replicated training in-house for their staff who were not present, and have plans to share the new expertise with pertinent staff within other ministries with similar technical needs. The capacity building for demographic projections in the context of population and development has very high potential for long-term impact beyond the Ministry of Economy. Similarly, UNFPA KR PD long-term technical assistance to the NSC in support of the census, as well as support for agencies concerned with aging issues, also have potential for sustainable stakeholder support.

UNFPA KR PD supported capacity building is reported by stakeholders as having long-term durable effects with ownership of new techniques, software and activities. Concrete examples of this include long-term efforts in support of training, hardware and software for demographic projections, long-term collaboration with the NSC in the preparations for and analysis of census data, the introduction of automated information system (AIS ZAGS), support to accuracy of coding of cause of death, support for GBV data collection, and UNFPA KR PD leadership to help improve cooperation among key population data stakeholders are likely to have durable effects and result in stakeholder ownership of

new innovations (stakeholder interviews). One stakeholder stated confidently that, while UNFPA support is entirely relevant, they will continue without UNFPA.[111] Stakeholders appreciate UNFPA KR PD support for financial management training for more transparent budgeting. The UNFPA KR PD support for printing handbooks for vital statistics coding and methodologies, ensures ongoing sustainable access to reference materials. One reason why UNFPA KR PD team efforts are sustainable and result in genuine ownership of new activities is a PD staff philosophy of working to advance the priorities of KR counterpart agencies and to avoid donor driven approaches. The PD team has a long-term vision and has established ties with KR stakeholders concerned with aging issues, which will become increasingly important by 2030.[112] This is a gradual approach that leads to longer term impact. There were examples where recipients of UNFPA KR PD technical assistance reported they had replicated training in-house for their staff who were not present, and have plans to share the new expertise with pertinent staff within other ministries with similar technical needs. The capacity building for demographic projections in the context of population and development has very high potential for long-term impact beyond the Ministry of Economy, which is enthusiastic about the improved validity of projections that are informed by demographic trends and feels it can and should be shared with colleagues with other ministries. Investment on demographic projections and related PD training is a highly appropriate use of limited UNFPA KR PD resources.

[111] In some instances, PD stakeholders reported that all the results of UNFPA support are sustainable. Some of these PD stakeholders commented that their institutions lacked in-house IT expertise, especially in data base management. This might be an area where the UNFPA CO could fund training for PD implementing agencies.

[112] For example, UNFPA has provided some support in 2012 and 2013 for a forward-looking international NGO called, Help Age International, which has an ambitious agenda to support advocacy, data collection and policy activities related to the special needs of the elderly in KR. This includes work on SDGs related to the elderly, age and gender as a cross-cutting theme, age disaggregation above age 49, and the needs of specific age cohorts. See http://www.helpage.org/tags/kyrgyzstan/.

CHAPTER 5. UNCT Cooperation and Value added

5.1 UNCT Cooperation

The questions: For all 4 areas – EQ5.A. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? EQ5.B. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? EQ5.C Have any UNDAF outputs or outcomes that clearly belong to the UNFPA mandate not been attributed to UNFPA?

Summary of Findings: There is strong evidence of active and effective UNCT collaboration by the UNFPA KR. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality. The UNFPA KR CO participates actively in a minimum of 13 regular UNCT inter-agency working groups and chairs four of these working groups. Starting this year, UNFPA has been offered and has accepted the lead as chair of MCH in the MAF Health System Swap MCH group. This is a major responsibility for an important portfolio and UN agency stakeholders have expressed confidence in UNFPA's capacity to take on this role. UNFPA staff attention to UNCT coordination was very commendable, but some stakeholders felt that more external efforts at fund raising might be a greater priority. There was no instances where UNDAF outputs or outcomes that belong to the UNFPA mandate were not fully attributed to UNFPA.

Based on numerous in-depth stakeholder interviews, document and financial data review, there is strong evidence of active and effective UNCT collaboration by the UNFPA KR. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality. As part of its program implementation, UNFPA routinely collaborates with six of the UN Agencies: SRH, including HIV: (WHO, UNICEF, UNAIDS) Youth: (UNICEF, UNDP) Gender and GBV: (UNDP, UN Women, IOM) PD: (UNICEF, IOM, WHO, UNDP) and PBF: (IOM, UNDP, UNICEF, UN Women). The UNFPA KR CO participates actively in a minimum of 13 regular UNCT inter-agency working groups. These working groups meet quarterly, an average of over 100 meetings a year, at least two per week. As shown in the Table below, UNFPA KR team members chairs four of these working groups (UN Youth Theme Group, UN IT Group, MAF Action Plan MCH component Chair, and UN CPT Group). Some stakeholders expressed a concern, however, that while active participation in inter-agency working groups raises visibility of UNFPA and is highly appreciated, it may focus too much UNFPA staff attention inward within the UNCT at a time when aggressive external efforts at fundraising might be a greater priority.

Table 13. UNFPA Kyrgyzstan participation on UNCT working groups as of January 2015

UNFPA Meeting Participation	**Responsible member (team)**
UNCT meetings are attended	Meder OMURZAKOV
UN Youth Theme Group meetings are **chaired**	Meder OMURZAKOV (Asel Turgunova)
IT Group meetings are **chaired**	Semetei Mambetkulov
MAF Action Plan (**chair** of MCH component)	Nurgul Smankulova (Azamat Baialinov, Meder OMURZAKOV)
UN CPT group meetings are **chaired**	Akylai Apylova (Semetei Mambetkulov)
OMT meetings and OMT working teams meetings are attended	Akylai Apylova (Semetei Mambetkulov)
Gender Theme Group meetings are attended	Nurgul Kinderbaeva (Nora Suyunalieva)
JUNTA meetings are attended	Cholpon Egeshova
HACT task group meetings are attended (were chaired by UNFPA till 2015)	Tolgonai Berdikeyeva (Akylai Apylova, Nora Suyunalieva)
UNCG/UNCCG meetings are attended	Nurgul Kinderbaeva (Nora Suyunalieva)
UN SAC activities are implemented	Semetei Mambetkulov (Nazira Zheenbekova)
DRCU meetings are attended	Nurgul Smankulova (Azamat Baialinov)
PBF meetings are attended	Anarkul Ismailova (Nora Suyunalieva)

Source: 2015 CO Annual Report, page 34.

Stakeholders expressed strong approval for the exceptionally collaborative approach taken by UNFPA KR, pointing out that the KR UNCT is the most successful of the CIS region countries in working effectively on joint programmes. A reason for this may be that UNFPA staff fully share the values of the Delivering as One approach and collaborate with other UN Agencies to maximize the results. In addition to its success in developing and implementing PBF project in collaboration with UN Agencies, stakeholders cited UNFPA's collaboration with UN Women, and with UNICEF and WHO with the Development as One (DAO) project in Osh and Batken. Stakeholders from outside the UNCT, reinforced the idea that UNFPA KR is adept in collaboration to advance common UNCT goals. Starting this year, UNFPA has been offered and has accepted the lead as chair of MCH in the MAF Health System Swap MCH group. This is a major responsibility for an important portfolio and UN agency stakeholders have expressed confidence in UNFPA's capacity to take on this role. Stakeholders within the UNCT as well as outside consistently confirmed that the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country. The evaluation team was unable to find any significant instances where UNDAF outputs or outcomes that belong to the UNFPA mandate were not fully attributed to UNFPA.

5.2 Value Added

The questions: For all 4 areas – 5.A. EQ6.A. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN Agencies? **EQ6.B.** Are these strengths a result of UNFPA corporate features or are they specific to the CO features? **EQ6.C.** To what extent would the results observed within the programmatic areas have been achieved without UNFPA support? **EQ6.D.** What is the main UNFPA added value in the country context as perceived by national stakeholders?

Summary of Findings: UNFPA KR staff have high credibility within the UNCT. Among the four program areas, the most frequently cited areas of value added were RH, FP and Gender, but UNFPA is the "go-to" agency for data, demography and aging issues. UNFPA Kyrgyzstan was perceived to have close long-term ties to national counterparts, is a reliable partner for all four program areas and a highly effective policy advocate. Compared to other UNCT agencies, UNFPA was often cited as being well organized, but flexible and less bureaucratic. One of the frequently mentioned comparative advantages of UNFPA was that the organization has developed close partnership with such "non-traditional" stakeholders as religious leaders. Stakeholders observed that UNFPA KR works closely with regional office and is well-coordinated with regional level initiatives. The strength of the UNFPA KR office is attributed to the competence and experience of the KR staff rather than the result of regional support. There are instances in all four programmatic areas where the observed results would probably not have been achieved without UNFPA KR support. Stakeholders noted that in addition to its work in MCH, FP and youth, UNFPA stands out as one of the only organizations that that deals with prevention of the sexual transmission of HIV including through sexual and reproductive health programming in contrast to work focused on transmission through injecting drug use.

Overall, based on extensive stakeholder interviews with a wide range of respondents, UNFPA Kyrgyzstan was perceived to have close long-term ties to national counterparts, is a reliable partner for all four program areas and a highly effective policy advocate. Among the four program areas, the most frequently cited areas of value added were RH, FP and Gender.[113] Compared to other UNCT agencies, UNFPA was often cited as being well organized, but flexible and less bureaucratic. One of the frequently mentioned comparative advantages of UNFPA was that the organization has developed close partnership with such "non-traditional" stakeholders as religious leaders. This approach is perceived by stakeholders as innovative and impressive. There is a growing body of literature that highlight positive role of religious organizations in advancement of gender equality worldwide.[114] Since the religious organizations use holistic approach in their activities that address both material and spiritual aspects of life and perceived by general public as grassroots and indigenous, they have high mobilization potential and can serve as an entry point to closed religious communities, the number of which is increasing in Kyrgyzstan. UNFPA KR staff have credibility within the UNCT. UNFPA is a "go-to" agency for data, demography and aging issues as well as community empowerment of key populations and addressing increasing sexual transmission of HIV. The PD staff is cited for its work on improved disaggregated data and projections and RH policy advocacy. UNFPA Policy on ICPD and RH is also seen as a clear comparative advantage.

[113] Respondents were very appreciative of Youth and PD program activities. The fact that there were relatively fewer mentions of Youth and PD as an area of value added is due in part to the fact that there were comparatively fewer Youth and PD related respondents, a bias due to the nature of the non-representative purposive sampling of stakeholders. Similarly, respondents were highly appreciative of UNFPA KR supported HIV activities, but there were comparatively fewer HIV related respondents.

[114] It is acknowledged that there instances where there have been harmful effects of religious organisations on the human rights of marginalized and vulnerable populations. Despite these instances, it is important to maintain an open and constructive dialog with religious organizations to encourage greater tolerance and support for these populations.

Stakeholders observed that UNFPA KR works closely with regional office and is well-coordinated with regional level initiatives. The strength of the UNFPA KR office is attributed to the competence and experience of the KR staff rather than the result of regional support.

UNFPA KR's staff are described by national stakeholders as highly competent, responsive, open and ready for cooperation. Members of the RHR community voiced an appreciation for the passion of UNFPA staff. UNFPA KR enjoys a strong position among the development actors, with strong mandate and reputation, with good rapport, visible and respected. UNFPA KR has been described as "unique in that they are not promoting just their agenda. They are responding to our needs. They integrate within the national program." Other stakeholders cited UNFPA commitment: 'They worry about the project. They are open to new things, to innovations. Some organizations just leave it as it is. UNFPA KR staff are willing to modify and be flexible to change it. They provide good technical expertise."

There are instances in all four programmatic areas where the observed results would probably not have been achieved without UNFPA support. In the SRH field, there is little doubt that, without UNFPA support, there would not have been nearly as much progress with family planning logistics supply and supply monitoring, the development of a response mechanism for SRH in emergencies, and continued FP training.[115] In the youth arena, UNFPA has made a special contribution with the roll out of the HLS curriculum in Vocational education system as well as working with traditional religious leaders. It is unlikely to have been such progress in these two youth activity areas without UNFPA support. Despite the major contributions of UN Women and UNDP on gender issues, is it unlikely that the KR would have seen as much progress on GBV and reproductive rights without the advocacy of UNFPA. It is also unlikely that the 2015 RH Law would have been enacted without the policy advocacy leadership of UNFPA KR PD staff in collaboration with the entire UNFPA KR CO. UNFPA KR was described as having a long-term stability for the benefit of the SRH sector. Stakeholders noted that in addition to its work in MCH, FP and youth, UNFPA stands out as one of the only organizations that that deals with prevention of HIV through sexual and reproductive health education on sexual transmission as opposed to work focused on transmission through injecting drug use.

[115] Due to the strong presence of UNICEF, WHO, GIZ and World Bank in the maternal and child health arena, a case could be made that there might have been positive results in EmOC and EPC in the absence of UNFPA support.

5.3 Cross cutting issues – Gender

Based on review of programme documents and stakeholder interviews, a gender continuum approach[116] was used to assess the extent to which gender was incorporated within each of the four programme area activities. In most instances SRH program activities were considered gender accommodating, neither gender transformative nor gender exploitive, reinforcing negative gender stereotypes. There were, however, examples where SRH activities were considered to fit within the category of "gender transformative." In particular, special mention should be made of WHO reproductive rights to family planning training[117], the efforts to include men in birth preparedness classes, and the emphasis on constructive role for young men as part of youth friendly clinics (document review, stakeholder interviews and site visits). There were youth activities that clearly fit within the category of gender transformative, such as the UNFPA advocacy that led to the approval of the RH Law in May 2015.[118] Other gender transformative youth activities included forum-theatres and prevention campaigns on issues of particular relevance for adolescent girls and women such as GBV, bride kidnapping and early marriages (UNFPA Evaluation Group 2016). The recent UNFPA Evaluation Group evaluation of the UNFPA KR Youth activities concluded that UNFPA has aimed to identify and reduce gender barriers within its programming, by working together with other UN organisations, youth organisations and young people of both sexes (UNFPA Evaluation Group 2016). Apart from some concerns raised by stakeholders for Youth and Gender and GBV programs whereby traditional religious leaders are involved might potentially reinforce traditional exploitive gender roles, there were no cases where Youth and Gender and GBV activities were found to be gender exploitive. In general, the UNFPA Gender and GBV Area can be characterized as "gender transformative" within the gender continuum scale. For example, the Gender Transforming Programming undertaken by UNFPA CO promoted positive messaging about men involved in fatherhood and caregiving. Finally, the work of the PD staff in support of ICPD and related RH policy and law is clearly founded on a gender transformative approach toward greater RH rights for women.

[116]"Based on new UNFPA CPE quality assurance standards issued in 2016, this evaluation is required to assess to what extent the UNFPA KR CP has integrated gender as a cross-cutting theme. This evaluation considers a continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative. For clarification, see Annex 9 for concrete examples of these three categories as excerpted from the USAID Interagency Gender Working Group (IGWG) Continuum of Approaches for Gender Integration.

[117] The UNFPA KR supported FP training is based in part on a WHO training curriculum that is designed to equip participants with the analytical tools and skills to integrate gender and rights into programme and policy development in sexual and reproductive health (see Transforming health systems: gender and rights in reproductive health A training manual for health managers http://www.who.int/reproductivehealth/publications/gender_rights/RHR_01_29/en/)

[118] This law "identified rights and responsibilities using a human rights framework including ensuring access for A&Y to SRHR information, education, and services and by established a legal ground for sexuality education Kyrgyzstan" (UNFPA Evaluation Group 2016).

CHAPTER 6 Conclusions and recommendations

Strategic Conclusions

Strategic Conclusion 1: Criteria - Effectiveness /Program Area – SRH.

Conclusion 1: A nation-wide multisectoral approach to family planning is urgently needed to reverse negative trends in contraception use, avoid a serious disruption of supply of contraceptives, ensure the proper functioning of existing mechanisms for access to contraceptives, and eliminate the shortage of competent staff capable of IUD insertion and management of hormonal methods. This multisectoral approach has potential to significantly reduce maternal mortality in KR.

Strategic Conclusion 2: Criteria Sustainability/ Program Area – Cross-cutting for all areas.

Conclusion 2: UNFPA KR has a highly developed effective policy advocacy capacity in collaboration with national stakeholders. A wide range of stakeholders is the best insurance for successful advocacy.

Strategic Conclusion 3: Effectiveness/ Program Area - SRH

Conclusion 3: Some UNFPA KR indicators were developed without adequate attention to establishing denominators that provide a basis for the determination of targets. For example, to have a target for the total number of staff to be trained to provide FP services, there should be an estimate of the number of staff currently employed within the MoH who provide FP services. Indicators without denominators lack validity as measures of achievement of Output activities.

Strategic Conclusion 4: Criteria -Effectiveness/ Program Area - All

Conclusion 4: Given the decline in donor support for KR health programmes, UNCT collaboration and collaboration with other development partners will become increasingly important, especially when required to focus on nation-wide initiatives oriented at the community level.

Strategic Conclusion 5: Criteria -Effectiveness/ Program Area - All

Conclusion 5: Given the current context of a growing trend toward religious conservativism, UNFPA KR's long-term experience in working collaboratively with religious leaders on RH, Gender and GBV and youth will become increasingly important.

Strategic Conclusion 6: Criteria – Relevance and Effectiveness/ Program Area - All

Conclusion 6: UNFPA KR has developed strategies and policies on the basis of high quality assessments and nationally representative data, which have contributed to their relevance and effectiveness.

Strategic Recommendations

Strategic Recommendation Number 1 (Linked to Strategic Conclusions 1 Program Area SRH): UNFPA needs devote a much greater attention (and a greater proportion of its budget[119]) to support a national FP strategy for the next program cycle that addresses key gaps in supply, availability of competent staff and community-level demand creation. 1.1 UNFPA KR needs to focus on FP advocacy to create a more favourable environment for motivating individuals and groups to change their behaviours on FP. 1.2 UNFPA KR need to strengthen partnerships with parliamentarians, non-governmental organizations including public-private partnerships to leverage human and financial resources to achieve universal access to family planning. 1.3 UNFPA KR and GKR MoH need to finalize a plan for an uninterrupted supply for specific methods, with or without GKR funds, as soon as possible and not later than December 2016. 1.4 UNFPA needs to provide assistance to the MOH to ensure that existing mechanisms for ensuring access to contraceptives are fully functional. 1.5UNFPA KR should pay more attention to practical aspects of the FP training to ensure competency-based in-service training for all healthcare providers involved in providing FP services, including postgraduate medical education. 1.6UNFPA KR should contribute to the capacity development of Midwifery Association to improve and sustain quality of care on all levels and to strengthen midwifery regulation mechanisms to permit an expanded role for Midwives in FP service delivery. 1.7NFPA KR needs work with the MoH to invest in improved monitoring and developing and introduction of a supportive supervision system in FP.	To: Country Office Priority level: High

Strategic Recommendation Number 2 (Linked to Strategic Conclusion 2): UNFPA KR should consolidate and expand the work with parliamentarians and resource experts in policy. UNFPA KR needs to invest resources to consolidate and expand its policy advocacy efforts and competencies to maintain a favourable legal climate for SRH, including HIV, Youth and Gender activities. As part of this effort, UNFPA KR should make more investments in providing advisory services and technical expertise in systematic analysis/assessment of existing strategic documents (e.g. Den Sooluk, Perinatal Care programme, RH Strategy) as well as in drafting of new strategic documents.	To: Country Office Priority level: High

Strategic Recommendation Number 3 (Linked to Conclusion 3): The next UNFPA KR program cycle needs to have a strategic vision that sets short and long-germ goals based on needs assessments that clearly define denominators for key program objectives. For example, a needs assessment is needed to estimate the number of FP service delivery points in each Rayon that do not have any HPs (midwives, family doctors, Ob/gyns) with adequate competency-based skills for C-section, safe abortion, or IUD insertion. This estimate would provide the basis for setting a meaningful output target as to the number or persons trained to achieve a minimum proportion of health providers who have adequate competence to provide MNB and FP services.	To: Country Office Priority level: High.

[119] This may require a reduction of funds allocated to Outputs 1 and 3 and the remaining three outcomes. NB: This recommendation should not be interpreted to imply that other outcomes should be dropped from the next UNFPA programme cycle.

Strategic Recommendation Number 4 (Linked to Strategic Conclusion 4): UNFPA KR should explore all possible avenues for joint programme activities with other UNCT agencies, such as UNICEF, WHO, UN Women and other development and civil society partners in support of GKR programme priorities. Special consideration should be given to major joint programme initiatives at the community level that address common objectives in MNBH and FP.	To: Country Office Priority level: High

Strategic Recommendation Number 5 (Linked to Strategic Conclusion 5): UNFPA KR should continue to work with religious leaders in promoting ICPD issues and UNFPA mandates in the country.	To: Country Office Priority level: High

Strategic Recommendation Number 6 (Linked to Strategic Conclusion 6): UNFPA KR should continue to support evidence-based policy formulation (research, assessments, monitoring) in all four areas of UNFPA mandate in the next program cycle.	To: Country Office Priority level: High

Program Conclusions

SRH Conclusion 1: Criteria-Effectiveness /Program Area -SRH.

SRH Conclusion 1: Despite major concerted efforts and compelling evidence of improved practices that are the direct result of the interventions (such as improved anaesthesia practices), the MDG5 for MMR has not yet been achieved. CEMD, NMCR, EmOC trainings, clinical protocol development as well as supportive supervisions for EPC are evidence based interventions that will have positive impact on reduction of maternal mortality in long term. Since maternal health is not only a medical but a social issue dependent on many actors across the board, the process for reducing MMR should involve of a wide range of stakeholders.

SRH Conclusion 2: Criteria – Relevance and Effectiveness/ Program Area –RHR and Youth.

SRH Conclusion 2: UNFPA KR has established credibility as a long-term advocate for key populations in its HIV programs and is seen as having a comparative advantage in the preventing the sexually transmission of HIV. In a period of growing religious conservatism combined with a trend toward a higher proportion of new cases due to sexual transmission, UNFPA KR program implementation and advocacy for key populations will be increasingly important.

SRH Conclusion 3: Criteria – Relevance and Effectiveness/ Program Area – SRH.

SRH Conclusion 3: While small in budget and a relatively recent initiative, UNFPA KR's support for SRH in humanitarian programming has provided a basis for sound proactive preparation for meaningful collaboration in a time of humanitarian emergency.

Youth Conclusion 1: Criteria-Effectiveness and Sustainability/Program Area-Youth.

Youth Conclusion 1: UNFPA KR work with youth strategy and the approval and roll-out of the HLS curriculum in the Vocational Education programme offer good potential for sustainable and effective efforts to reach youth on SRH issues.

Youth Conclusion 2: Criteria-Effectiveness, Sustainability/Program Area -SRH/Youth.

Youth Conclusion 2: The high quality Youth Forum Theatre was an excellent innovative model for a participatory youth educational intervention.

Youth Conclusion 3: Criteria-Effectiveness, Sustainability/Program Area -SRH/Youth.

Youth Conclusion 3: Compared to MoH facilities at the PHC level, YFHS have been better integrated within the clinics run by NGOs." YFHS at the PHC level of MOH need further strengthening and institutionalization.

Gender Conclusion 1: Criteria-effectiveness, sustainability/Program Area -Gender.

Gender Conclusion 1: The development of a multisectoral coordination mechanism has good potential for strengthening prevention and response to GBV, including domestic violence, early marriages and bride-kidnapping.

Gender Conclusion 2: Criteria-effectiveness, sustainability /Program Area -Gender.

Gender Conclusion 2: The Gender Transformative Programming that engages men and boys in caregiving and fatherhood is good approach in further promoting gender equality. Although Talas region has the lowest level of fathers' involvement in child upbringing, there is the network of motivated fathers who are capable of acting as reliable partners in the implementation of program activities.

PD Conclusion 1: Criteria-Sustainability /Program Area -PD.

PD Conclusion 1: Investment on demographic projections and related PD training is a highly appropriate use of limited UNFPA KR PD resources. This enhanced capability holds potential for positive changes the paradigm for informing economic and social policy on consequences for changing population structure in KR. This is particularly important given the implications of Kyrgyzstan's young population structure for a demographic dividend and the need to adjust estimates of annual population growth rates based on the major trends in economic outmigration.

PD Conclusion 2: Criteria-Effectiveness /Program Area -PD.

PD Conclusion 2: The phase out of USAID support for SRH in the KR may jeopardize the repeat of the next KDHS at ten years following the 2012 KDHS, which would result in a serous gap in SRH data needed for UNFPA KR monitoring and evaluation activities.

PD Conclusion 3: Criteria-Sustainability /Program Area -PD.

PD Conclusion 3: UNFPA KR has a long-term vision to work on aging issues, which will become increasingly important by 2030; this vision is directly tied to UNFPA KR ongoing support to develop National expertise in demographic projections. There is a precedent for supporting KR NGOs with expertise on aging issues.

PD Conclusion 4: Criteria-Sustainability /Program Area -PD.

PD Conclusion 4: Technical assistance and support for the census an area where UNFPA KR has demonstrated a long-term role in support of the NSC, has credibility among the UNCT and is perceived to have a comparative advantage compared to other development partners.

Program Recommendations

SRH Recommendation Number 1 (Linked to SRH Conclusion 1): UNFPA should continue support for CEMD, NMCR, EmOC and EPC trainings with supportive supervision with other UN Agencies and other development and civil society organizations in all oblasts. The number of oblasts served will depend on the availability of funds.	To: Country Office Priority level: High

SRH Recommendation Number 2: (Linked to SRH Conclusion 2): UNFPA KR should continue to support key populations as part of its HIV prevention programs.	To: Country Office Priority level: High

SRH Recommendation Number 3: (Linked to SRH Conclusion 3): UNFPA KR should consolidate this work by ensuring that contingency plans are well rehearsed and the procedures to get access MISP commodities are fully worked out and pre-tested.	To: Country Office Priority level: Medium

Youth Recommendation Number 1 (Linked to Youth Conclusion 1): UNFPA KR should invest efforts to support, monitor and evaluation of implementation of HLS in Vocational Education System, while working to encourage HLS to be a required curriculum for secondary schools.	To: Country Office Priority level: High ongoing

Youth Recommendation Number 2 (Linked to Youth Conclusion 2): The country office should promote innovative approaches to reach out to youth for in the next program cycle. This might include exploring ways to support peer-to-peer counselling in rural areas, or given the enthusiasm for the Youth Forum Theatre, this might include exploring the possibility of obtaining commercial sponsors to fund additional episodes on national television.	To: Country Office Priority level: Medium

Youth Recommendation Number 3 (Linked to Youth Conclusion 3): UNFPA KR needs to continue work with the MoH and develop mechanisms to ensure sustainability of YFHS at the PHC level.	To: Country Office Priority level: Medium

GBV Recommendation Number 1 (Linked to GBV Conclusion 1**):** 1.1. UNFPA Kyrgyzstan should continue lobbying for the endorsement of the Statute on a multisectoral coordination body in response to GBV in Emergency. 1.2. Continue strengthening the multisectoral coordination in prevention and response to domestic violence (using the experience of pilot projects in Bishkek ,Osh and Djalal-Abad), early marriages and bride-kidnapping. 1.3. Continue strengthening sectoral based/administrative data collection mechanisms on GBV/VAW and girls	To: Country Office Priority level: High

GBV Recommendation 2: (Linked to GBV Conclusion 2).	To: Country Office Priority level: High

The country office needs to continue developing programs on men's and boys' involvement in promoting gender equality and promoting SRH in the next program cycle.	

PD Recommendation Number 1 (Linked to PD Conclusion 1): 1.1 UNFPA KR should prioritize support for this capacity building to maintain and deepen expertise on demographic projections within the MoEc and related agencies. Consolidate and expand capacity building for demographic projections to shore up favourable trends toward long-term national expertise on demographic projections and population and development. 1.2 UNFPA KR should assess the feasibility for institutionalizing academic excellence in demographic projections within Bishkek universities and advocate further use of demographic projections results in policy-making.	To: Country Office Priority level: High

PD Recommendation Number 2 (Linked to PD Conclusion 2): UNFPA RH should proactively assess the feasibility of replicating the next KR DHS by 2022 in the absence of USAID support.	To: Country Office Priority level: High

PD Recommendation Number 3 (Linked to PD Conclusion 3): UNFPA KR should consider ongoing support to KR NGOs that support advocacy, data collection and policy activities related to the special needs of the elderly in KR. **Please note:** This recommendation should not be interpreted to exclude work to be done on filling data gaps in other areas such as on youth, women, GBV and advocacy of use of such data for decision-making. The work on elderly should be integrated to the extent feasible within UNFPA CO ongoing work on advocacy based on results of demographic projections, Population Registry, youth and GBV data, sex and age disaggregated data in line with the SDGs.	To: Country Office Priority level: Medium

PD Recommendation Number 4 (Linked to PD Conclusion 4): UNFPA KR should maintain its role as a key demographic technical resource for the NSC by supporting preparations for the next census that will take place in 2020.	To: Country Office Priority level: High

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Annex 1 Terms of Reference

for the Evaluation of the UNFPA 3rd Country Program of Assistance to the Government of the Kyrgyz Republic, 2012 – 2016.

1. Introduction

The UNFPA started providing assistance to the Government of the Kyrgyz Republic in 1993. UNFPA implemented two country programs from 2000 to 2011. The UNFPA is currently implementing the 3rd country program 2012 – 2016 in the Kyrgyz Republic. In 2014, the UNDAF 2012 – 2016 of the Kyrgyz Republic was extended for one year to align the UNDAF with the Sustainable Development Strategy of the Kyrgyz Republic 2013 – 2017, consequently UNFPA Executive Board approved extension of the UNFPA 3rd country program until the end of 2017.

In 2016, the UNFPA country office in the Kyrgyz Republic is planning to conduct the independent end of program cycle evaluation of the UNFPA's third Country Program of Assistance to the Government of the Kyrgyz Republic as a part of its work plan, and in accordance with the UNFPA evaluation policy.

As per the UNFPA evaluation policy, evaluation at UNFPA serves three main purposes: demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; support evidence-based decision-making; and contribute to important lessons learned to the existing knowledge base on how to accelerate implementation of the Program on Action of the International Conference on Population and Development (ICPD). The evaluation results will also inform the formulation of the 4th Country Program of UNFPA support to the Government of the Kyrgyz Republic.

The main audience and primary users of the evaluation are the UNFPA country office, the Government agencies, national institutions and local NGOs. The EECA Regional Office, the UNFPA Headquarter, and the UNFPA Executive Board and UN Agencies and other development partners will also benefit from findings, conclusions and recommendations of the evaluation report.

The evaluation will be conducted by a team of independent evaluators in close cooperation with country office and regional monitoring and evaluation adviser, and evaluation reference group members formed for this evaluation.

2. The Country Context

The Kyrgyz Republic gained independence in 1991 after the breakup of the Soviet Union. The country went through a difficult transition period with two government turnovers in 2005 and 2010 and interethnic clashes in June 2010 in which hundreds of people died, thousands injured and great deal of infrastructure was damaged. In 2010, the Government held a referendum where the majority of voters elected for parliamentarian form of governance, instead of presidential system that had been in place since the independence of the country. The last Parliament elections took place in October 2015 where 6 political parties were elected to the Parliament.

The population of the Kyrgyz Republic of about 5.9 million[120] is predominately young: over half of population is under the age of 25. This is a great potential and opportunity for the country's development representing a window of opportunity which has not been utilized so far. Population of the country is being affected by unemployment, poverty, internal and international migration. Due to historical ties and common language Russia is the biggest recipient of migrants from the country. The second biggest recipient country is Kazakhstan.

In August, 2015 the Kyrgyz Republic officially joined the Eurasian Economic Union (EEU) after ratification of the documents by the Parliaments of the member states. Officials hope that opening of borders and accession of the country into EEU will bolster business trade, investments and facilitate creation of free labor market.

In 2014, the World Bank re-classified the Kyrgyz Republic from a low income country to a lower-middle income country. The poverty rate in the Kyrgyz Republic has declined from 31.3 percent in 2012 to 25.0 percent in 2015.[121] Sanctions against Russia and unstable economic situation in Russia have had a negative effect on the country. The Russian rouble has fallen record lows. The depreciation of the Russian ruble put downward pressure on the exchange rate. In the first eight months of the year the som lost 10.5 percent of its value against the US dollar, prompting the central bank to sell US$179 million in an effort to smooth the depreciation.[122]

The Kyrgyz Republic was successful in achieving several MDGs, especially on reduction of severe poverty and hunger (MDG 1), ensuring environmental sustainability (MDG 7) and development of global partnership (MDG 8), and continues making serious efforts to achieve MDGs on child mortality with a positive trend. The progress in reducing maternal mortality has been slow and the Kyrgyz Republic has not achieved its target MDG5 goal by the end of 2015. Reduction of maternal mortality ratio from 1990 to 2013 is 12%, classifying the country in "no or limited progress" category.[123]In order to address these challenges, the Government of the Kyrgyz Republic and the UN system in the country applied the MDG Acceleration Framework (MAF) methodology to identify high impact feasible solutions that would accelerate progress in achieving MDG 5 and developed MAF Action Plan in 2013. The MAF Action Plan was subsequently integrated into the healthcare reforms program "Den Sooluk", 2012 – 2016 that had been implemented under SWAp approach.

Eighteen percent of women are in need of family planning according to the DHS 2012. The unmet need for family planning has increased from 12% since 1997 DHS. The use of any contraception method among married women declined from 60% in 1997 DHS to 36% in the 2012 DHS. The decline is mostly due to decrease in the use of modern methods of family planning (from 49% in 1997 to 34% in 2012), although use of traditional method has also declined from 11% to 3%. IUD remains to be the most popular method used, but its use also declined from 38% in 1997 to 32% in 2012. There is a decline in abortion levels. In 2012, 18 % of Kyrgyz women aged 15-49 has ever had an induced abortion compared to 30% of respondents in 1997 DHS.

The Kyrgyz Republic belongs to the group of countries, where HIV is still growing.[124] The HIV incidence was 12.5 per 100,000 population in 2012, 8.5 in 2013 and increased again to 10.5 in 2014.[125] The main mode of HIV transmission has been drug use. However the sexual way of transmission is also growing that affects more women. In 2013, injecting drug use constituted 37.1% of all registered cases whereas the sexual transmission reached 57.7% (in 2011 the sexual transmission was 30.3%). The key populations at

[120]National Statistic Committee, estimation for 2015
[121]"Low Commodity Prices and Weak Currencies", World Bank ECA Economic Update, October 2015
[122]"Low Commodity Prices and Weak Currencies", World Bank ECA Economic Update, October 2015
[123]"World Health Statistics", WHO, 2015
[124]UNAIDS Global Report, 2013
[125]Kyrgyzstan UNGASS report, 2015-
http://www.unaids.org/sites/default/files/country/documents/KGZ_narrative_report_2015.pdf

higher risk to HIV infection in the Kyrgyz Republic include people who use injecting drugs (PWID), sex workers (SW), men who have sex with men and prisoners.

The Kyrgyz Republic is making progress in ensuring equal status to women and men and addressing gender gaps. The country is ranked 64th in the Gender Inequality Index. However there are still pervasive gender stereotypes, customs and practices in the Kyrgyz Republic that are root causes of the inequality of the status of women and girls in health, economic, and educational outcomes. These factors are also a root cause of the violence against women, and remain a significant barrier to women accessing reproductive health and family planning services.

The Kyrgyz Republic has ratified the major international conventions and policy documents on the rights of women (CEDAW, Beijing Platform of Action). The National Strategy on Achieving Gender Equality 2012-2020 has been approved by Government and National action Plan for 2012-14 has been developed. 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. The implementation of laws and policies is a challenge, due to a lack of resources, weak national capacity, frequent change of governance structure and gender machinery and the resurgence of patriarchal values in communities and among decision-makers.

3. Background Information on UNFPA country program 2012 – 2016 in the Kyrgyz Republic.

UNFPA has been working in the Kyrgyz Republic since 1993. UNFPA is currently implementing its third Country Program, 2012-2016. The Country Program has been aligned with the national priorities, the MDGs, the ICPD Program of Action, Midterm Review of UNFPA Strategic Plan 2011 – 2013 and consequently with UNFPA Strategic Plan 2014 - 2017. In 2014, the UNDAF 2012 – 2016 was extended to align with the National Sustainable Development Strategy 2013 – 2017. Consequently the UNFPA Executive Board approved extension of the UNFPA country program 2012 – 2016 until the end of 2017.

The third Country Program contributes to improving the quality of life of people in the Kyrgyz Republic by supporting the following UNDAF pillars:

(a) Peace and Cohesion, Effective Democratic Governance, and Human Rights;
(b) Social Inclusion and Equity;
(c) Inclusive and Sustainable Job-Growth for Poverty Reduction.

Initially, the Country Program 2012 - 2016 had 3 outcomes that covered the following areas of UNFPA mandate: Reproductive Health and Rights, Population and Development and Gender Equality and Empowerment of Women.

Reproductive Health and Rights: UNFPA is committed to improving access to and enhancing utilization of high-quality reproductive health and HIV information and services for women and men, particularly the most vulnerable. In this regard, UNFPA supports managerial and technical capacity enhancement of national health-care system; increasing access to and utilization of high-quality family planning services, reproductive health commodities, and integrated package of sexual and reproductive health services in emergency settings; and strengthening the capacity of civil society and local governments to provide youth-friendly and gender-sensitive information and services.

Population and Development: UNFPA aims to improve national capacity for social policymaking based on reliable data. UNFPA provides support to the Government to help taking population factors into account

for socio-economic planning, policy formulation, and the implementation of national development priorities. UNFPA also supports efforts to provide improved availability of disaggregated population data for evidence-based advocacy and policy formulation.

Gender Equality and Empowerment of Women: UNFPA's contribution to address gender equality mainly focuses on strengthening national mechanisms and capacity to prevent and respond to gender-based violence, including domestic and sexual violence. In this regard, UNFPA supports strengthening national policies and capacity to respond to gender-based violence, and increasing public awareness of and knowledge on gender-based violence, gender equality, and women's rights.

Following the approval of the Country Program 2012 – 2016, the Midterm Review of UNFPA Strategic Plan 2011 – 2013 took place and results became available. The Country Program Action Plan (CPAP) 2012 – 2016 was developed and aligned with Midterm Review of UNFPA Strategic Plan 2011 – 2013 in the beginning of 2012 and signed with the Government of the Kyrgyz Republic. In 2014, the CPAP's Results and Resources Framework was aligned with the UNFPA Strategic Plan 2014 – 2017. At present, the third Country Program contributes to all four the Strategic Plan 2014 – 2017 outcomes and relevant outputs (Please see annex 1).

The financial assistance of the Programme approved by Executive Board foresees a total of $5.3 million out of which $4.1 million from regular resources and $1.2 million through co-financing modalities and/or other resources.

In addition, UNFPA Kyrgyzstan has 3 additional donor-supported projects.

Building the evidence base to facilitate responsive gender policy and programs for equality and lasting peace in Kyrgyzstan: This project is in collaboration with UN Women and IOM, and focuses on identifying critical threats to gender equality and potential conflict triggers in order to establish a credible, reliable evidence base for informed, targeted policymaking and programming for equitable gender outcomes. The total budget of UNFPA component is $248,401 for 2 years

Youth for Peaceful Change: This project is in collaboration with UNDP and UNICEF, and focuses on promoting equal opportunities for youth to positively engage in society, also giving them opportunities to voice their grievances (e.g. through the media component and the implementation of youth action plans). Youth will acquire practical skills during the delivery of the youth work curriculum, implementation of youth action plans and livelihoods mentoring, which will help changing youth and their communities, making sure that youth problems are voiced and better addressed. The total budget of UNFPA component is $481,500 for 2.5 years

Multisectorial Cooperation for Inter-ethnic Peace Building in Kyrgyzstan: This project is solely managed by UNFPA, and focuses on inter-ethnic dialogue and collaboration to enhance healthy community relations, social trust, and tolerance. In this regard, this project aims to promote dialogue and collaboration by encouraging central and local governments to engage with different ethnic communities, and encouraging participation of a broad and inclusive social spectrum, namely civil society, including religious and community leaders, as well as the media sector. The total budget is $822,140 for 2 years.

The third Country Program is being implemented in close partnership with the Government of the Kyrgyz Republic that include Ministry of Foreign Affairs, Ministry of Health, Ministry of Labor, Migration and

Youth, Ministry of Economy, Ministry of Social Development, Mandatory Health Insurance Fund, National Statistics Committee, State Agency on Religious Affairs, State Agency on Self-Governance and Inter-ethnic Relations.

4. Objectives and Scope of the Country Program Evaluation

The objectives of the evaluation are as follows:

a. To provide the UNFPA country office in the Kyrgyz Republic, national stakeholders, the UNFPA Regional Office, UNFPA headquarters as well as the wider audience with an independent assessment of the progress of the country program towards the expected outputs and outcomes set forth in the results framework of the country program;
b. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current country program;
c. To provide an analysis of how the country office has positioned itself to add value in an evolving national development context.
d. To draw key lessons from past and current cooperation and provide a set of clear and forward looking recommendations leading to strategic and actionable recommendations for the new program cycle.

The evaluation will focus on the outputs achieved through the implementation of the country program to date. The evaluation should consider UNFPA's achievements since January 2012 against intended results and examine the unintended effects of UNFPA's intervention and the country office's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF. The evaluation will assess the extent to which the current country program, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current country program, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the 2012 – 2016 years. The evaluation is expected to take place during the period of January – August, 2016.

5. Evaluation Criteria and Evaluation Questions

Relevance, effectiveness, efficiency, sustainability as well as coordination with the United Nations Country Team (UNCT) and added value will constitute core evaluation criteria for the subject assignment. The indicative guiding questions are given below. The guiding questions will be discussed and finalized in collaboration with an evaluation team. The number of the questions will be limited to maximum 10 questions.

Relevance

- To what extent is the current country program consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?
- To what extent is the current country program reflects UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs?
- To what extent was the country office able to respond to changes in the national development context?

Effectiveness

- Were the country program's planned outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the Strategic Plan outcomes and, the degree of achievement of the outcomes?
- What were the constraining and facilitating factors and the influence of context on the achievement of results?

Efficiency

- To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA country program?

Sustainability

- To what extent has the country office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- Are stakeholders ready to continue supporting or carrying out specific program/project activities; replicate the activities; adapt program/project results in other contexts?

UNCT Coordination

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
- To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Added Value

- What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN Agencies? Are these strengths a result of UNFPA corporate features or are they specific to the country office features?
- To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?
- What is the main UNFPA added value in the country context as perceived by national stakeholders?

6. Methodology and Approach

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will review documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Program Documents, Country Programme Action Plan, AWPs, Standard Progress Reports, Country Office Annual Reports, UNDAF MTR report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the country office program officers.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the program.

7. Evaluation Process

The evaluation will unfold in five phases, each of them including several steps:

Preparation phase

During this phase UNFPA country office in the Kyrgyz Republic will: prepare ToR; receive approval of the ToR from the UNFPA Independent Evaluation Office (IEO);select potential evaluators; receive pre-qualification of potential evaluators from IEO; recruit external evaluators; assembly Evaluation Reference Group (ERG);compile initial list of documentation\stakeholder mapping and list of Atlas projects.

Design phase

During this phase evaluation team will conduct:

- Documentary review of all relevant documents available at UNFPA HQ and country office levels regarding the country program for the period being examined;

- Stakeholder mapping – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- Analysis of the intervention logic of the program, - i.e., the theory of change meant to lead from planned activities to the intended results of the program;
- Finalization of the list of evaluation questions; and preparation of evaluation matrix;
- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase;

At the end of the design phase, the evaluation team leader will present a design report(including evaluation matrix, the CPE agenda with support of the country office, data collection and analysis methods) based on the template provided in the UNFPA Handbook "How to design and conduct a country program evaluation at UNFPA".

Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions final list consolidated at the design phase.

At the end of the field phase, the evaluation team will provide the country office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Synthesis phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the country office at the debriefing meeting. This first draft final report will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a second draft of the final evaluation report.

This second draft final report will be disseminated among key program stakeholders (including key national counterparts) for the comments. The **final report** will be drafted shortly taking into account comments made by the program stakeholders.

Dissemination and Follow-up

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. The evaluation report will be shared with Regional Office and Independent Evaluation Office at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Program in June, 2017. The report and the management response will be published on the UNFPA website.

8. Expected Outputs/Deliverables

The evaluation team will produce the following deliverables:

- Design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase; (the report should be maximum 40 pages);
- Debriefing presentation document (Power Point and/or two -three pages overview) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the country office during the debriefing meeting foreseen at the end of the field phase;
- First and second draft final evaluation reports;
- Final report prepared taking into account all the comments made.(the report should be maximum 40 pages plus annexes).

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook "How to design and conduct a country program evaluation at UNFPA". The final report will be translated into Russian and Kyrgyz.

9. Work Plan/Indicative Timeframe

PHASES/DELIVERABLES		RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Drafting of ToR by with inputs from RO M&E Adviser; approval of ToR by Independent Evaluation Office (IEO).	Evaluation Manager (EM), Assistant/ Representative (AR)	RO M&E adviser, IEO	January 15
	Selection of potential evaluators by the country office with input by RO M&E adviser; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	EM/AR, Admin Finance Associate (AFA)	AFA, RO M&E adviser, IEO	February 29
	Assembly of Evaluation Reference Group (ERG).	EM/AR	Country office staff	January 8
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	EM/AR	Country office staff	February 29
Design phase	Preparation and submission of a design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.	Evaluators	EM/AR, RO M&E adviser, Country Office staff, ERG	March 30

Field phase	Conducting data collection and analysis.	Evaluators	EM/AR, Country Office staff, ERG	April 11-29
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluators	EM/AR, Country Office staff, ERG	April 30 – May 2
Synthesis phase	Production of the first draft final report.	Evaluators	EM/AR	May 15
	Comments by the evaluation reference group.	ERG	EM/AR	May 25
	Production of the second draft final report.	Evaluators		June 3
	EQA of the second draft final report.	EM/AR	Country Director	June 10
	Production of the Final Report.	Evaluators		June 17
	EQA of the final evaluation report.	EM/AR, RO M&E adviser,	Country Director	June 24
	Final EQA.	IEO	EM/AR, RO M&E Adviser	July 1
Dissemination and Follow-up	Management response.	Country Director, AR/EM	Country Office staff	August 1
	CPE report, final EQA and Management response published on country office website and UNFPA evaluation database.	EM/AR, IT Focal Point	IEO	August 15

10. Composition and Qualifications of the Evaluation Team

The evaluation will be carried out by a team consisting of **International Consultant /Evaluation Team Leader, two National Evaluation Consultants and Evaluation Assistant/Translator.** All team members should be committed to respecting deadlines of delivery outputs within the agreed time-frame and with the combined technical knowledge and expertise necessary to cover all programme areas of the UNFPA programme.

Evaluation team leader will be responsible for at least one of the program areas of CPE, the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. The evaluation team leader will be an international expert in evaluation of development programs with the following necessary competencies:

- Advanced university degree in social science or relevant field
- At-least 10 years of experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset.

- Demonstrated expertise in at-least one of the four components of the country program evaluation.
- Familiarity with UNFPA's work and mandate
- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA) will be considered as an asset.
- Excellent analytical, communication, writing and presentation skills
- Proven experience in collecting quantitative and qualitative data and information
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Fluency in English is required

Two National Evaluation Consultants will have in-depth knowledge and experience of UNFPA programmatic areas and excellent knowledge of the national development context, issues and challenges in the country. She/he will take part in the data collection and analysis work during the design and field phases. The National Evaluation Consultants will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of National Evaluation Consultants in the entire country program evaluation process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary competencies of the National Evaluation Consultants will include:

- Advanced university degree
- Experience in evaluations, either as team leader or team member
- At least 5 years of thematic expertise in Sexual and Reproductive Health and/or Population and Development and/or Gender and/or Youth, Familiarity with UNFPA's work and mandate
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication, writing and presentation skills
- Proven experience in collecting quantitative and qualitative data and information
- Fluency in Russian is required. Working knowledge and writing skills in English.

Evaluation Assistant/Translator, under the direct supervision of UNFPA Country Office Evaluation Manager and close cooperation with the Evaluation Team, will undertake responsibilities of assisting the Country Office in carrying out the country program evaluation. She/he will collect information, schedule meetings, assist with interviews, and provide secretarial, organizational and logistical support to the evaluation team. The assistant/translator will translate at meetings where needed and will provide translations of short texts up to two pages in length during the country program evaluation process. The assistant/translator may be required to contribute in producing short summaries of various documents, and will take notes at meetings where required. The assistant/translator will be in charge of updating the contacts list, if required upon receiving the initial stakeholders list from UNFPA. The assistant/translator will not be required to contribute to evaluation processes technically and substantively. The necessary competencies of Evaluation Assistant/Translator will include:

- At least 3 years of administrative assistance experience, of which preferably; experience in providing assistance in project coordination and implementation.
- Knowledge of the UN systems.
- Effective organizational skills and ability to handle work in an efficient and timely manner and demonstrated ability to coordinate tasks to meet deadlines.

- Ability to write in a clear and concise manner and to communicate effectively.
- Strong interpersonal skills and ability to work in a multi-cultural team.
- Fluency in oral and written English, Kyrgyz and Russian.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

11. Remuneration and Duration of Contract

Repartition of workdays among the team of experts will be the following:

- 54 workdays for the International Consultant/Evaluation Team Leader;
- 44 workdays for the National Evaluation Consultant;
- 44 workdays for the National Evaluation Consultant;
- 35 days for Evaluation Assistant/Translator.

The repartition of workdays per expert and per evaluation phase is the following:

PHASES/DELIVERABLES		**RESPONSIBLE**	**PLACE**	**TIME-FRAME**	**No. of Workdays**
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, National Evaluation Consultants	Home - based	March 15 - 30	10 days for each consultant
Field phase	Conducting data collection and analysis	All evaluation team	Bishkek, selected provinces of the Kyrgyz Republic	April 11 - 29	19 days for each consultant
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Bishkek	April 30 – May 2	3 days for each consultant
Synthesis phase	Production of the first draft final report	All evaluation team	Home - based	May 3 - 15	12 days for international consultant; 10 days for each national consultant

	Comments by the evaluation reference group	ERG	Home - based	May 16 – May 25	0 days
	Production of the second draft final report	All evaluation team	Home - based	May 26 – June 3	5 days for international consultant; 2 days for each national consultant
	EQA of the second draft final report	EM	Home - based	June 4 - 10	0 days
	Production of the Final Report	International Consultant /Evaluation Team Leader	Home - based	June 10 - 17	5 days for international consultant

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – Upon UNFPA's approval of design report
2. Second payment (30 percent of total) – Upon the submission of the first draft evaluation report; and
3. Third payment (50 percent of total) – Upon UNFPA's acceptance of the final evaluation report.

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

12. Management and Conduct of the Evaluation

The Country Program Evaluation will be conducted according the above Work Plan/ Indicative Timeframe. The UNFPA Assistant Representative/Evaluation Manager will manage, coordinate and provide overall guidance to the country program evaluation with support of Evaluation Reference Group.

The UNFPA country office Evaluation Reference Group composed of representatives from the UNFPA country office, the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The main functions of the reference group will be:

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

The UNFPA Assistant Representative/Evaluation Manager will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA Assistant Representative/Evaluation Manager produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA Assistant Representative/Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

UNFPA country office will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The country office will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

13. Bibliography and Resources

1. UNFPA Country Program 2012 - 2016 Document of the Kyrgyz Republic;
2. UNFPA Country Program Action Plan 2012 - 2016 of the Kyrgyz Republic;
3. United Nations Development Assistance Framework (2012-2016) of the Kyrgyz Republic;
4. UNDAF Midterm Review Report of the Kyrgyz Republic;
5. UNFPA Strategic Plan 2008 – 2011;
6. Midterm review of the UNFPA Strategic Plan, 2008 – 2013;
7. UNFPA Strategic Plan (2014-2017);
8. Aligning to the Strategic Plan, 2014 – 2017: Toolkit for UNFPA offices;
9. Final Country Program Evaluation of the UNFPA 2nd Country Program of the Kyrgyz Republic;
10. Annual Work Plans;
11. Field Monitoring Visit Reports;
12. Yearly Standard Progress Reports;
13. Country Office Annual Reports (COARs) to the UNFPA Executive Director;
14. Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA";
15. UNFPA Independent Evaluation Office webpage: //www.unfpa.org/public/home/about/Evaluation.

ANNEXES

- *Ethical Code of Conduct for UNEG/UNFPA Evaluations*
- *List of Atlas projects for the period under evaluation*
- *Information on main stakeholders by areas of intervention*
- *Short outlines of the design and final evaluation reports*
- *Evaluation Quality Assessment template and explanatory note*
- *Management response template*
- *CP Outcomes and Outputs*

Ethical Code of Conduct for UNEG/UNFPA Evaluations

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

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent,** implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

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

[Please date, sign and write "Read and approved"]

Annex 1

Country Program 2012 – 2016 outcomes	**MTSP 2011 – 2013 outcomes**	**CPAP 2012 – 2016 outputs aligned with MTSP 2011 - 2013**	**SP 2014 – 2017 outcomes**	**CPAP 2012 – 2016 aligned with SP 2014 - 2017**
UNDAF Pillars: Peace and Cohesion, Effective Democratic Governance, and Human Rights, Social Inclusion and Equity, and Inclusive and Sustainable Job-Rich Growth for Poverty Reduction.				
Reproductive Health and Rights: Improved access to and utilization of high-quality reproductive health and HIV information and services for women and men, particularly the most vulnerable	Outcome 2 Increased access to and utilization of quality maternal and newborn health services	CPAP Output 1: Capacity of health institutions is strengthened to provide quality maternal and newborn services.		CPAP Output 1: Increased national capacity to deliver comprehensive maternal health services
		CPAP Output 2: Strengthened RHCS system in the country	OUTCOME 1: Increased availability and use of integrated sexual and reproductive 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	CPAP Output 2: 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.
	OUTCOME 6: Improved access to SRH services and sexuality education for young people (including adolescents)	CPAP Output 3: Strengthened capacity of national institutions to provide youth-friendly services on SRH and HIV.		CPAP Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings
		CPAP Output 4: Improved awareness, attitudes and behaviour of young people towards SRH, HIV, STIs, and gender equality, including	OUTCOME 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programs,	CPAP output 4: Increased national capacity to advocate, design and implement national laws, policies and programs on adolescent and youth issues based on

		GBV in communities.	particularly increased availability of comprehensive sexuality education and sexual and reproductive health	human rights and needs of young people
Population and Development: Improved national capacity for social policymaking based on reliable data	OUTCOME 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality	CPAP Output 5**:** Enhanced national capacity for the production, utilization and dissemination of statistical data on population dynamics, youth, maternal health, SRH and GBV.	OUTCOME 3: Advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth.	CPAP Output 5: Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.
		CPAP Output 6**:** 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).	OUTCOME 4: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality.	CPAP output 6: 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).
Gender Equality and Empowerment of Women: National mechanisms and capacity are strengthened to prevent and respond to gender-based violence, including domestic and sexual violence				

Annex 2 UNFPA Kyrgyzstan CPE Design Report Evaluation Matrix (Draft 0.6) 25 July 2016

COMPONENT 1: ANALYSIS BY FOUR FOCUS AREAS (Reproductive Health and Rights (RHR), Youth, Gender Equality (GE),Population and Development (PD)				
Relevance (Applies to all four focus areas)				
EQ 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?				
	Comment(s) on EQ1.A	**Performance Indicators for EQ1.A**	**Data Sources for above question**	**Data Collection Methods**
	The use of the word, "final" is interpreted to mean the recipients of services at the lowest level service delivery point. This is a very broad question, which assumes a consensus, which may not exist, among beneficiaries, national policies, and development partners.	Degree of concurrence of CP with available data for beneficiary needs, government policies, and UNCT priorities.	Needs assessments of key beneficiary populations, national and regional survey data, country policy documents; regional statements; UNCT strategic plans.	Document review, key stakeholder interviews, beneficiary interviews and Focus Group Discussions (FGDs).
Assumption(s) to be assessed for EQ1A.	**Comments on Assumption(s) to be assessed for EQ1A.**	**Performance Indicators for assumptions for EQ1A.**	**Data Sources for assumptions for EQ1A.**	**Data Collection Methods**
A.EQ.1. A.1 The current CP is based on a thorough assessment of the needs and expectations of key beneficiaries and development partners.	UNFPA and sister UN Agencies have a documented commitment to collection of assessment data on needs of prospective beneficiaries.	Evidence of use of credible and rigorous baseline quantitative and qualitative assessments for the development, implementation and updating of the outputs and activities for the CP for each of the for program areas: SRH, Youth, Gender and PD.	-Needs assessments of key beneficiary populations supported by UNFPA and other agencies: -National and regional survey data DHS20012, - Women and Men of the Kyrgyz Republic published by NSC. -2009 National Census -Country policy and Strategy documents; -UNCT strategic plans.	-Document review -Key stakeholder interviews, -Client/beneficiary interviews and Focus Group Discussions(FGDs) -Secondary data analysis of both qualitative and quantitative studies (NB: The above for each of the four program areas).
A.EQ.1. A.1. With few exceptions, for all outcome areas there were assessments of the needs and expectations of key beneficiaries and development partners. The nationally representative surveys (KRDHS 2012) and MICS5 2014) and NSC gender disaggregated documents were pertinent to all four outcome areas. Examples assessments include: **RHR:** The KRDHS 2012, Outpatient and Hospital Care Quality Assessments 2012-2014, MAF 2013, MICS5 2014, Boobekova, A. et al. Assessment of Needs and Constraints in Ensuring Family Planning Commodities 2014. First report of the CEMD 2011-2012 (extremely insightful), The FP Situation Analysis 2014 (extremely comprehensive and in-depth) and NMCR in Pilot Facilities 2014. Evaluating Quality of Care to Mothers and Newborns in Hospitals and Primary Health Care (WHO, UNFPA, UNICEF, 2012.) Boobekova, A. et al. Assessment of Needs and Constraints in Ensuring Family Planning Commodities to Population of the Kyrgyz Republic Including Low-Income and Socially Disadvantaged Groups Followed with Development of Mechanism for Smooth Transition to Public Procurement. Report. 2014. **Youth:** Initial documents- To inform the new country programme, UNFPA undertook an analysis of the health context of A&Y in Kyrgyzstan together with the				

World Health Organisation (WHO).The analysis was not published, but served as a working document to draft a national children and adolescent strategy that later became part of the National Health Strategy 2020 (UNFPA Evaluation Office 2016). Status of Children in the Kyrgyz Republic. UNICEF 2011, KRDHS 2012, the 2013 MAF clearly identified adolescents and youth on reproductive and sexual health as a key bottleneck toward achieving MDG5, Gender norms and practices in the questions of maternal health, reproductive health, family planning, fatherhood and domestic violence.2013. A comprehensive survey of men, women and boys that informed subsequent program design, such as the Happy Fatherhood program in Talas. Analysis of problems of early marriages and early motherhood 2013, MICS5 2014, NSC, The youth in the Kyrgyz Republic Statistical Yearbook 2014. NB: As outlined by the 2016 draft evaluation of UNFPA KR Youth programs, despite the availability of the above data, due to a lack of funds, UNFPA KR has not undertaken a systematic needs assessments addressing the most vulnerable and marginalised youth, including adolescent girls. Youth related programming Forum Theatre (FT) supported under the PBF included needs assessments. For example, 12 plays developed by April 2015, went through process of validation: the programs oriented for youth were based on a series of FGDs in 8 selected communities (2014), subsequently there was follow-up validation of the youth oriented plays: FT critical responses processes with the communities to assess actuality, relevance and expected perception and impact; and conflict sensitivity analysis. The FT method is inherently participatory: "Using FT methodology to give youth opportunity to share their concerns and seek for solutions, was certainly both innovative and risk taking due to channelling through TV sensitive issues such as early marriages, GBV, bullying, discrimination and corruption, youth migration and unemployment." Research in madrasah was conducted as part of the development of the "Education for peace" has been introduced in 3 madrasahs.

GE: The KRDHS 2012,MICS5 2014, Kinderbaeva, N. et al. "Early marriage: disadvantages without advantages: the sold childhood" UNFPA supported qualitative research documenting six case studies of child marriage. 2012. "Gender norms and practices in the questions of maternal health, reproductive health, family planning, fatherhood and domestic violence. 2013. UNFPA has worked with the National Statistics Committee (NSC) to establish a local-level mechanism for collecting data on Gender, including on GBV. Women and Men of the Kyrgyz Republic, NSC. A quantitative comparison of female versus male roles in the household is permitted by" Results of the Sampled Survey on Time Management" NSC (2015).

PD: The PD team stressed that they follow the lead of local PD constituents, especially the NSC. In addition to facilitating the collection of important nationally representative demographic, such as the KRDHS 2012, MICS5 2014 the PD team explicitly refers to key assessment documents, such as: United Nations Economic Commission for Europe (UNECE), the European Free Trade Association (EFTA) and the European Commission (Eurostat). Global Assessment Report. National System of Official Statistics of the Kyrgyz Republic. December 2011. NSC. Program for Improvement and Development of the State Statistics of the Kyrgyz Republic for 2010-2014 NSC. Program for Improvement and Development of the State Statistics of the Kyrgyz Republic for 2015-2019 (informed by results of the Global Assessment). NSC. National Strategy for the Development of Statistics of the Kyrgyz Republic for 2012-2020 was developed and approved based on the Global Assessment results. 2012. UNFPA PD is responsive to NSC and other stakeholders in supporting key resource documents such as NSC (2014) "The youth in the Kyrgyz Republic Statistical Yearbook" NSC (2009-2014) "Women and men of the Kyrgyz Republic. Compendium of Gender Disaggregated Statistics" (multiple years).

A.EQ.1.A.2 The needs of the key target beneficiaries and partners population, including vulnerable and special groups, are addressed during planning and implementation of the UNFPACP.	No comments on this assumption have been included here.	Degree of concurrence of CP outputs and activities with priorities identified within available data for: beneficiary needs, government policies, and UNCT priorities within each of the four program areas: SRH, Youth, Gender and PD.	-UNCT documents (Standard Progress Reports), - UNFPA CP COARs, Site visit reports, Annual Work Plans, country policy documents;	-Document review, -Key stakeholder interviews, -Client/beneficiary interviews and FGDs. -Secondary data analysis. (NB: The above for each of the four program areas).

A.EQ.1.A.2 T There is evidence of needs assessments related to key populations and vulnerable groups done as part of the 2012-16 program cycle. See above listing for each of the four program areas. This is illustrated by UNFPA HIV/AIDSs programme. Based on interviews, site visits and a FGD discussion with key populations the HIV\AIDS program has a commitment to working with sex workers with a participatory approach. This is demonstrated by the UNFPA KR supported assessment of condom use by sex workers. (See the in-depth, survey on sex worker access to condoms in Kyrgyzstan, Monitoring Study of Condom-related behavior and sex workers awareness about HIV and STI in the Kyrgyz Republic 2014. "We need to continue efforts aimed at maximizing the involvement of sex workers in research that involve sex workers, including capacity building in research methods and techniques."(Recommendation Section on page 40). Stakeholders leading service agencies for SWs provided multiple examples of long-term UNFPA support for the evaluation and monitoring of their programs for SWs, training of doctors to work with SWs, as well as support on important advocacy issues of concerns to SWs in the KR. UNFPA KR has been supporting the implementation of the "Pink Book" - Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organization, 2013. This compendium, which is jointly authored by UNFPA, has a wide range of practical programme resource materials is based on a participatory consultative approach to working with key populations. The recent 2016 UNFPA Evaluation Group study of the UNFPA KR programmes for youth found a gap in assessment for key populations was for the needs of vulnerable adolescents. "The country programme was based on A&Y

situation analyses, but was not informed by needs assessments of vulnerable and marginalised young people, including adolescent girls" (UNFPA Evaluation Group 2016). According to UNFPA staff, the lack of a needs assessment of vulnerable and marginalised young people was due to a lack of funds.				
A.EQ.1.A.3 Assumes there is a consensus among beneficiaries on their needs. There is a coherence among government policies. There is a consensus among development partners on programs.	There is always a diversity of opinion on the best alternative course of action in development initiatives.	Degree of consensus among beneficiaries on their needs.	Needs assessments of key beneficiary populations, national and regional survey data, country policy documents; regional statements; UNCT strategic plans.	Document review, key stakeholder interviews, client/beneficiary interviews and FGDs. This involves consideration of all four separate focus areas.
A.EQ1.A.3. There are a wide range of consensus documents articulating government policies, which generally reflect a consensus among development partners. An excellent example is the 2013 MAF document, as described by the World Bank, **"**...is a tool that helps identify and rank the bottlenecks to implementing the main strategic interventions required to achieve MDG targets lagging behind and identify priority acceleration solutions to these bottlenecks. Based on the analysis, a detailed action plan highlighting the need for inter-sectoral and inter-ministerial cooperation was developed. The plan was further refined by the UN country team to prioritize key actions and was integrated into the Den Sooluk National Health Plan to achieve better coordination and avoid duplication of efforts." (WB. MDG 5 Acceleration Framework Progress Update and Policy Recommendations. 2015.) There have been instances of divergence among beneficiaries on their needs with respect to SRH (the most acute example was the 2012 flare-up of disapproval of SRH educational materials among conservative Parliamentarians). There is also evidence of lack of clarity and consensus on approaches for SRH services: a) such as role of midwives in the provision of IUDS (there were widely different views among stakeholders on the proper role of midwives in provide IUDS, some respondents stating that it was against MoH regulations, other saying that there was an approved programme of certification for midwives to insert IUDs), b) the proper approach to post-partum FP (some stakeholders felt that they mainly encouraged full breast feeding for six months, some explained that they used to provide post-partum IUDs, but this practice had now been discontinued, and some explaining that IUDs were routinely considered at three days post-partum for clients without contra-indications) and c) the role of the MoH in provision of FP commodities (some respondents felt that the donor support for FP commodities should be discontinued on the assumption that FP methods are available in the private sector, others felt the private sector was too expensive and not consistently reliable and that donor support should be continued to avoid an increase in unwanted pregnancies and abortions). Client exit interviews revealed some instances where clients felt their needs were not being met. Results from 9 client exit interviews (6 for FP, 3 for ANC/birth preparedness classes), showed that all but one of the clients were satisfied with the services and quality of care: for three separate measures of satisfaction, all but one (8/9) rated their care positively. The one respondent who rated care negatively had a high risk pregnancy and had been waiting for 8 hours to get clarification on her status and was understandably quite anxious. Some of the open ended comments were insightful, "nowadays we have a lot of unintended pregnancies and many choose abortions, or deliver their babies and leave them; if people would be more literate in these issues, maybe we could avoid abortions and children left without parents;" Woman, age between 18 and 30, works as a trader in a bazar (market), interviewed at the Talas Oblast FMC FP Cabinet.				

Relevance (Applies to all four focus areas)				
EQ 1.B. To what extent is the current programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs.				
	Comment(s) on EQ1.B	**Performance Indicators for EQ1.B**	**Data Sources for above question.**	**Data Collection Methods**
	This question addresses three separate areas, but there is overlap among them. It is assumed that there should be greater focus on MDGs 4 and 5 compared to other MDGs.	Degree of concurrence of CP with UNFPA policies and strategies, goals of ICPD PoA, and MDGs.	UNFPA, ICPD and MDG, PoC policy and monitoring documents. Key informants.	Document review, key stakeholder interviews.
Assumption(s) to be assessed for EQ1B.	**Comments on Assumption(s) to be assessed for EQ1B.**	**Performance Indicators for assumptions on EQ1B**	**Data Sources for assumptions on EQ1.B**	**Data Collection Methods**
A.EQ1.B.1 The current UNFPA CP reflects and is effectively aligned with these key policy/strategy areas: UNFPA policies and strategies, goals of ICPD PoA, the MDGs.	UNFPA HQ and KR have a strong institutional commitment to these policy areas.	Degree of concurrence of UNFPA CP with UNFPA policies and strategies, goals of ICPD PoA, and MDGs.	-UNFPA, ICPD and MDG, policy and monitoring documents -Key Senior Policy informants within GoKR Ministries, UNCT and development partners.	-Document review -Key stakeholder interviews. (NB: The above for each of the four program areas).

A.EQ1.B.1 Based on document review and stakeholder interviews, it is clear that the current UNFPA CP reflects and is effectively aligned with UNFPA policies and strategies, goals of ICPD PoA, the MDGs. There is very strong evidence of concurrence with all three sets of policies for all four focus areas. As shown in Annex 4, "2014 Re-Alignment of the Outcomes and Outputs" in 2014 all four program outcomes were aligned with the UNFPA SP 2014-2017. "The [KR] UNDAF formulates a common strategic plan for the United Nations Country Team in the Kyrgyz Republic for 2012-2016, in support of national development, the global Millennium Declaration and the Millennium Development Goals (MDGs) to reduce poverty…"(UNDAF 2012-2016 page 3).

SRH: UNFPA KR-supported National RH strategy from 2006- 2015 and the recent UNFPA success in supporting the adoption of the 2015 RH Law is consistent with the UNFPA SP 2014-2017 and the ICPD PoA. "The National strategy on protection of reproductive health of the population of the Kyrgyz Republic has been developed in the context of the provisions of the international documents on human rights which formulate the guiding principles of improvement of sexual and reproductive health: International conference on population and development (Cairo, 1994)"(KR NRHSS 2006-2015). The UNFPA-supported Assessment of Needs and Constraints in Ensuring Family Planning Commodities addresses contraceptive security in accordance with the ICPD goal of universal access to reproductive health services. The overall orientation of the UNFPA KR SRH portfolio has been carefully aligned with the global UNFPA Strategic Programme for 2014-2017, with a decreased emphasis on service delivery and contraceptive procurement, and greater emphasis on policy and capacity building (COAR 2015, See Annex 4 Alignment of Kyrgyzstan 2012-2016 CPAP with IRF of SP 2014-2017).

Youth: Examples of alignment are demonstrated by UNFPA KR support for HLS within the National Voc Ed system, "Development Comprehensive sexuality education for in- and out-of-school young people, consistent with their evolving capacities, is integral to the achievement of the goals and objectives of the ICPD" E/CN.9/2014/4 page 17. Based on interviews with Y-PEER staff and document review, the Youth Voices campaign was clearly aligned with the MDGs and SDGs in 2014 and 2015.

Gender: Per page 10 of the 2014 UNFPA WAVE Resource package, which is cited as in use by UNFPA KR in its 2014 COAR on GBV response activities, "eliminating gender-based violence will remain a key priority in the ICPD Beyond 2014 and post-2015 global development agendas".The UNFPA Gender and Gender Based Violence program is consistent with UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs.For example, the Gender Transformative Program is in line with ICPD PA objective "to enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles."

PD: Based on interviews and document review the UNFPA KR support for PD activities, in particular support for the NSC is clearly aligned with ICPD beyond 2014 commitment to integrating population dynamics into development planning (See page 24 of the ICPD Beyond 2014 Report "Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014". Report of the Secretary-General. January 2014.) In addition, the PD team success in supporting

the 'ICPD beyond 2014' review process and the passage of the 2015 Reproductive Health Law are clear evidence of alignment with UNFPA policies and strategies, goals of ICPD PoA, the MDGs.				
A.EQ1.B.2 It is assumed that the UNFPA CP has explicitly attempted to attain consistency with the three separate areas: UNFPA policies, ICPD PoA, and the MDGs.	No comments on this assumption have been included here.	Evidence of explicit commitments on the part of UNFPA CP team to achieve consistency with the four areas.	UNFPA, ICPD, MDG and Kyrgyzstan PoC policy and monitoring documents. Key informants.	Document review, key stakeholder interviews.
A.EQ1.B.2 As clearly demonstrated above for A.EQ1.B.1, UNFPA KR has explicitly cited these three sets of policy documents in the design and implementation of its programs. Example for UNFPA policies – As shown in Annex 4, "2014 Re-Alignment of the Outcomes and Outputs" in 2014 all four program outcomes were aligned with the UNFPA SP 2014-2017. Example for ICPD PoA - the PD team success in supporting the 'ICPD beyond 2014' review, Example for MDGs- the UNFPA role in the design, needs assessment and implementation of the 2013 MAF for MDG5.				

Effectiveness (Applies to all four focus areas)				
EQ 2.A. Were the CP's planned outputs and outcomes achieved? If so, to what degree?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	The formulation of some of the outputs and outcomes is fairly imprecise and general and therefore difficult to assess.	Level of achievement against indicators/targets (as outlined in CP monitoring framework) over time.	AWPs, COARs, Project Reports, CPAP, Revised CP Framework. Stakeholders. Most recent surveys and other available data.	Document review, stakeholder interviews, site visits, training follow-up and client/beneficiary interviews.
Assumption(s) to be assessed for EQ2.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ2.A.1 Assumes that the CP intended outputs and outcomes were achieved within each of the four program areas: SRH, Youth, Gender and PD	There is likely to be variability among the four program areas in level of achievement of outputs.	-Quantitative: Level of achievement against indicators/targets (as outlined in CP monitoring framework)over time within each of the four program areas: SRH, Youth, Gender and PD. -Qualitative: Stakeholder perceptions of achievement of outputs and outcomes within each of the four program areas: SRH, Youth, Gender and PD	-AWPs, COARs, Project Reports, CP, Revised CP Framework. -Stakeholders. - Most recent surveys and other available data within each of the four program areas: SRH, Youth, Gender and PD.	-Document review, - stakeholder interviews, -site visits, -training follow-up and client/beneficiary interviews (NB: The above within each of the four program areas: SRH, Youth, Gender and PD).

A.EQ2.A. With only two exceptions, (see caveats below for Output 2 in Outcome 1 and Output 5 for Outcome 3), the CP intended outputs and outcomes were achieved within each of the four program areas: SRH, Youth, Gender and PD.

SRH - SP 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. Achieved by virtue of the finding that the three SRH outputs were found to have made significant progress. All of the indicators for the three RHR Outputs (for both the initial CPAP for 2012-2013 and for the Aligned CP for 2014-17) have been met or exceeded or are on track to be completed by 2017. Despite a limited budget, UNFPA does exceptional work on HIV and AIDS, especially in the context of key populations. The achievement of these outputs has made a major contribution to the achievement of Outcome 1.

CP Output 1 Increased national capacity to deliver comprehensive maternal health services; Output 1 has been achieved based on strong evidence of significant progress for improved capacity in MCH services. These improvements are likely to reduce maternal and perinatal mortality.

CP Output 2 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; Despite clear evidence of impressive progress in multiple activities for Output 2, there are serious challenges related to a) ensuring an uninterrupted supply of contraceptives for women or reproductive age, irrespective of vulnerability status, b) access to qualified FP practitioners due to failure to provide competence-based clinical skills training to counteract an acute shortage of qualified staff that is growing worse due to the retirement of experienced practitioners, and c) lack of adequate demand creation activities at the community level.

CP Output 3 Increased national capacity to provide sexual and reproductive health services in humanitarian settings. Achieved based on document review, site visits and stakeholder interviews, in addition to meeting its targets for trainings on the minimum initial service package (MISP) to address sexual and reproductive health needs in crisis situations. The UNFPA CO has effectively engaged key Ministries, especially the Ministry of Emergency Situations and MoH, to develop contingency plans for responding to humanitarian emergencies.

Youth- SP 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. Achieved by virtue of the finding that the Youth output was found to have made significant progress. CP Output 4: 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. Despite the lack of clear evidence of improvement in key outcome indicators from nationally representative data, there is nonetheless compelling evidence that the UNFPA KG has achieved Output 4 and contributed to the achievement of Outcome 2. Accomplishments include: 1) the passage of the 2015 reproductive health law 2) the success in getting the formal adoption of the HLS curriculum within the national Vocational Education program 3) UNFPA KG's important work with religious groups and 4) the UNFPA KG contributions toward capacity building and expansion of access to YFHS. UNFPA KG has also contributed to Youth program Outcome through activities implemented through the Peace Building Fund (PBF). Gender- SP Outcome 3. Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. Achieved based on evidence of progress on the Gender output 5. CP Output 5: Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. Based on review of program documents and stakeholders' interviews, the G and GBV program's planned output and overall outcome has been partially met and have a high potential to be fully achieved in the near future. One of the two Output 4 indicators, Reproductive rights are integrated into the NAP on gender equality, has been achieved. The other, Functional National Coordination Mechanism as result of UNFPA guidance and leadership exists is still pending PD- SP Outcome 4. Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality. Achieved based on evidence of progress on the PD output 6. CP Output 6: 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). Output 6 has been achieved based on evidence from interviews and document review of progress with support to KR DHS, KR MICS5 2014, and to NSC for the in-deep analysis of national Census data for youth, plans for in-depth analysis for elderly, and support for important studies such as the quantitative analysis of data from a national study related to gender. UNFPA activities for Output 6 have contributed to the achievement of Outcome 4. All but one of the six indicators for Output 6 (and the prior Outputs 5 and 6) have been achieved.				
A.EQ2.A.2 Assumes that the majority of progress on intended outputs can be attributed to UNFPA CP. It is unlikely that all progress towards outputs can be attributed to a given intervention.	No comments on this assumption are required here.	Evidence of pertinent program activity in allied non-UNFPA CP program areas.	Review of non-UNFPA program activities and trends on context for UNFPA CP activities.	Document review, stakeholder interviews, site visits, training follow-up and client/beneficiary interviews.
A.EQ2.A.2 The progress for all four of the outcomes and their corresponding outputs, cannot be attributed to UNFPA KR alone. For example, for RHR, there is tremendous collaboration and interdependence among development partners and GoKR Ministries. The GoKR MoH, rightly views itself as the leader of RHR initiatives and must be given credit for the progress achieved. UNFPA KR work on EPC is focused primarily on Talas, which is the smallest of the 8 regions. UNICEF has a much more important role in coverage of other regions, and WHO is essential as the normative agency for all RHR related clinical guidelines and protocols. GIZ and USAID have been major contributors over the years to both design and implementation of RHR programmes. To quote a MoH stakeholder regarding RH, 'Maternal Mortality is still high. Overall UNFPA is good. UNFPA cannot cover all of the tasks in this sphere. Overall for RH the UNFPA contribution is a little piece in a big mosaic. [The fact that maternal mortality is still high] hurts their feelings given how much they have done."				

Effectiveness (Applies to all four focus areas)				
EQ 2.B. To what extent did the outputs contribute to the achievement of the outcomes? ~~and, what was the degree of achievement of the outcomes?~~				
Comment(s) on above question.		**Performance Indicators for above question.**	**Data Sources for above question.**	**Data Collection Methods**
As formulated, the second clause in the second part of the effectiveness question EQ2B is redundant. It is already addressed in EQ2A. Therefore, delete: .." what was the degree of achievement of the outcomes?" The pathways for the proposed logic model are simplistic and do not fully account for external factors, such as other program activities and important contextual issues such as economic and social factors. The formulation of some of the outputs and outcomes is fairly general and therefore the pathways for impact from output to outcomes is difficult to assess.		Pertinent indicators from CPAP Planning and Tracking Tool for output and outcome specific programme components.	Key stakeholders at State and regional level, CPAP Planning and Tracking Tool; CP M&E database, AWPs, COARs, key stakeholder interviews. National, Regional and other available data.	Document Review, stakeholder interviews.
Assumption(s) to be assessed for EQ2.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question**	**Data Sources for assumptions on above question**	**Data Collection Methods**
A.EQ2.B.1 The activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within each of the four program areas: SRH, Youth, Gender and PD.	No comments on this assumption are required here.	-Pertinent indicators from CP Planning and Tracking Toolf or output and outcome specific programme components within each of the four program areas. -Stakeholder qualitative perceptions on impact of activities and output impact on outcomes within each of the four program areas. - Client/beneficiary qualitative perceptions on impact of activities and output impacts on outcomes.	-Key stakeholders -Clien tbeneficiaries - CPAP Planning and Tracking Tool; -AWPs, -COARs, -National, Regional quantitative data (DHS 2012, most recent National Census, and other available data). -UNCT progress reports	-Document Review -Stakeholder interviews within each of the four program areas: SRH, Youth, Gender and PD -Client beneficiary interviews and FGDs within each of the four program areas. -Secondary data nalysis. (NB: The above for each of the four program areas).
A.EQ2.B.1 Based on available data at the national and regional level, document review and stakeholder interviews, the activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within each of the four program areas: SRH, Youth, Gender and PD. While the formulation of the outputs and outcomes is fairly imprecise, which introduces a subjective quality to the analysis, as shown above for EQ2A, it is feasible to point to significant and meaningful achievements in activities that contribute to virtually all of the outputs. This is consistent with overall logic model that anticipated that the outputs would contribute to the outcomes.				
A.EQ2.B.2 Some UNFPA CP outcomes will be influenced by multiple UNFPA CP outputs. This is only partially taken into account in the proposed logic model.	No comments on this assumption are required here.	Pertinent indicators from CPAP Planning and Tracking Tool for output and outcome specific programme components.	Key stakeholders at State and Entity level, CPAP Planning and Tracking Tool; AWPs, COARs, key stakeholder interviews. National, Regional and other available data.	Document Review, stakeholder interviews.
A.EQ2.B.2 The activities implemented within the outputs for the four program areas of RHR, Youth, Gender and PD are often interrelated and potentially synergistic. For example, the progress in securing the passage of the RH Law in 2015 was primarily implemented through the policy advocacy expertise of the PD team, but has positive re-enforcing implications for the remaining three outcomes, such as access for young women (age 16) to abortion services without parental consent. Similarly, the role of the PD team in providing support for nationally representative data for the Census, through the KR DHS 2012 and for the MICS5 2014 is absolutely essential for the design and measurement of progress with				

the remaining three outcomes. The proposed logic model is simplistic and does not take these synergies into account. But it is clear that the interdependence of the four outcomes is an important factor for their overall progress individually.

Effectiveness (Applies to all four focus areas)				
EQ 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?				
	Comment(s) on this question	**Performance Indicators for this question**	**Data Sources for this question**	**Data Collection Methods for question**
	NB: for the purpose of the evaluation, the word "context" refers to "constraining and facilitative factors." Need to divide constraints and facilitating factors in terms of internal to UNFPA/external to UNFPA	Contextual information related to specific activities within each of the Focus Areas.	Key informant interviews, trends in pertinent indicators. COARs, Implementing agency Reporting Documents	Document review, stakeholder interviews, site visits, and client interviews.
Assumption(s) to be assessed for EQ2.C.	**Comments on Assumption(s) to be assessed for above Question**	**Performance Indicators for assumptions on the above Question**	**Data Sources for assumptions on the above question**	**Data Collection Methods for assumptions on question.**
A.EQ.C -The UNFPA CP has encountered significant constraints as well as facilitating factors that both impeded and aided the achievement of results in each of the four program areas.	No comments on this assumption are required here.	Contextual information related to constraints and facilitating factors for specific activities and outputs within each of the four Focus Areas.	- Key informant interviews, - Trends in pertinent indicators. -COARs, -Implementing agency reporting -Media reports	-Document review, -Stakeholder interviews with UNCT and Ps - Site visits, and -Client Beneficiary interviews. -Secondary data analysis (NB: The above for each of the four program areas).

A.EQ2.C: The UNFPA KR CP has encountered significant constraints as well as facilitating factors that both impeded and aided the achievement of results in each of the four program areas. Based on document review, stakeholder interviews with UNCT and IPs, site visits and secondary data there are diverse qualitative and quantitative contextual data on both constraints and facilitating factors for all four focus areas, both internal and external to UNFPA (regional and global).
Examples for RHR: Constraints: There is an acute shortage or medical staff (one respondent stated that they had only 13% of the doctors they needed, another stated that they only had only 25%; respondents felt there were too few neonatologists and pathologists). In addition, due to the failure of KR medical education to provide competency-based training in clinical skills, there is an acute lack of health providers with adequate clinical skills. Facilitating Factors: UNFPA KR's long-term collaboration among development partners and stakeholders in GoKR Ministries.
Examples for Youth: Constraints: The pervasive trend towards greater religiosity and more conservative values in regard to SRH. Facilitating Factors: UNFPA KG's long-term collaborative ties with key youth oriented Government Ministries and policy makers and members of Parliament over a period of more than a decade, the in-depth experience of UNFPA KG staff with policy and programme advocacy for sexuality education.
Examples for Gender: Constraints: Constraints: Gender-related issues are not always regarded as of high priority by the Kyrgyz government due to the lack of gender sensitivity of governmental officials. The lack of effective mechanisms for monitoring and evaluation of gender policy implementation as well as absence or limited amount of funds secured for the implementation of Gender related National Action Plans. Facilitating Factors: UNFPA managed to establish constructive partnerships with key Governmental Ministries and the National Gender Machinery.
Examples for PD: Constraints: As mentioned above, a formidable policy constraint within the current country context has been the pervasive trend towards greater religiosity and more conservative values with regard to SRH. The funding environment for population and development is extremely difficult both at the national and international level. Facilitating Factors: UNFPA KR PD has used a long-term gradual approach based on the GoKR client agencies' agendas. UNFPA PD staff are able to collaborate effectively on multiple policy fronts with sister UN Agencies and a wide range of Ministries. UNFPA KR PD staff are adept in maintaining

productive linkages with other UNFPA programs (youth, gender, RH), regional programs (projections, RH law) and international partners (AFPPD-Parliamentarians, RH law).

Efficiency (Applies to all four focus areas)				
EQ 3.A. To what extent did the CO: make good use of its human, financial and technical resources to pursue the achievements of outputs defined in the UNFPA CP?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	There is an inherent subjectivity to the definition and measurement of what is "good use" of resources.	Amount of resources used to achieve the outputs/outcomes, compared to the value of achieved outputs.	Key stakeholders; Documentation of programme inputs by category (human, financial, technical). Feedback on quantity and quality of TA provided to implementing agencies. Atlas data.	Key stakeholder interviews, document review, budget review.
Assumption(s) to be assessed for EQ3.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ3.A - UNFPA GoKR has expended resources to achieve outputs at a level that is consistent with standard norms for the cost of implementing program activities in each of the four program areas.	No comments on this assumption are required here.	Amount of resources used to achieve the activities, outputs as compared to the standard norms for the cost of achieved outputs.	-Key stakeholders; -Documentation of programme inputs by category (human, financial, technical). -Feedback on quantity and quality of TA provided to implementing agencies. -Atlas data. -COARs -IP reporting data. Training data.	-Key stakeholder interviews, -Document review -Budget review of sentinel activities vs budget in AWPs. (NB: The above for each of the four program areas).

A.EQ3.A - In addition to basic cost components for training, cost data were available from the IP AWPs budgets which give a sense of how reasonable costs are, for example cost per day for experts and for logistics such as per diem and transport. These costs, with only a few exceptions, were within the norm for what is considered reasonable for the Kyrgyz Republic. Estimated costs for seven randomly selected trainings that took place between 2014 and 2015 had a range in cost per participant training day from US$21 to US$226. The high-cost training was for 105 persons in 4-day PBF trainings on inter-ethnic piece building for LSG, religious and community leaders of Talas province (This estimate may be inflated due to lack of detail in the budget on specific costs associated with community participation). The weighted average cost per participant training day for the seven trainings was US$ 114. The higher costs were associated with regional trainings that required travel and per diem expenses. More expensive trainings were also associated with the participation very senior medical experts as advisors or training resource experts, which seems quite reasonable as long as it is kept to a minimum. Budget and expenditure data were available in the requested templates at the activity and sub-activity level. An analysis of the average cost per training day for 20 RHR trainings showed very reasonable costs per training day with an overall average average $46 Median $37 and Range $23 to $120 per training day. See Table on next page. There were limitations on the detail of budget and expenditure data for some sub-activities, which were not always available for some sub-activities in annual work plans (for example for external regional funds that were used to support FP activities in 2014, about two-thirds of the total US$185,000 budget of regional funds was expended by just three entities: Yyldyzkan Abdyrakhmanova, USD$ 29,449.25: Kyrgyz Concept Ltd, USD$66,177.68: and Yuri Pishnenko, USD$26,933.70.). Given the relatively large amounts involved, more detail would have been helpful.

Summary of Average Cost per Training Day for 20 SRH related trainings from 2012 through 2015. Overall average $46 Median $37 Range $23 to $120

Year	Cost/training day	Type training	Year	Cost/training day	Type training	Year	Cost/training day	Type training	Year	Cost/training day	Type training

2012	$54.1	ANC	2014	$48.5	EmOC	2012	$119.8	FP	2013	$31.4	MISP
2013	$27.3	ANC	2015	$43.0	EmOC	2012	$28.7	FP	2014	$29.0	SRH HIV
2013	$66.2	ANC	2015	$27.2	EmOC	2013	$29.2	FP	2015	$52.2	SRH HIV
2014	$23.5	ANC	2013	$30.9	EPC	2013	$31.4	FP	2012	$87.4	Stepping Stones
2015	$47.2	ANC	2015	$25.4	EPC	2014	$43.9	FP	2013	$67.9	Stepping Stones

Efficiency (Applies to all four focus areas)				
EQ3B. Efficiency To what extent did the CO: use an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA CP?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	This question is inherently hypothetical, but it should still be addressed by considering alternate combinations of tools and approaches.	Comparison of combinations of tools and approaches across program areas.	Key stakeholders; Documentation of programme inputs by category: tools versus approaches (human, financial, technical). Feedback on combination of tools and approaches used by implementing agencies. Atlas data.	Key stakeholder interviews, document review, budget review.
Assumption(s) to be assessed for EQ3.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ3B - The interventions selected for each of the four program areas were comparable in use of tools and approaches.	There will be considerable variation among program areas in the mix of tools used.	Comparison of combinations of tools and approaches used across program areas.	-Key stakeholders; -Documentation of programme inputs by category: tools versus approaches (human, financial, technical). -Feedback on quality of tools and approaches used by implementing agencies. Atlas data. Training data.	-Key stakeholder interviews, -Document review, -Budget review. (NB: The above for each of the four program areas).

A.EQ3B – Three primary tools and approaches include: a) training, b) guidelines, protocols and curricula, c) policy and strategy development and advocacy. Understandably, given the different content and activities being addressed, there is diversity in the mix of approaches used by program area.

Training: All four program areas relied heavily on training activities to achieve their outputs. The estimated total number of trainings (269) and total number of trainees (6,238) from 2012-2015 is summarized in table shown below (for a detailed summary table based on data kindly provided by UNFPA KR, see Annex 8). The balance of effort reflects the higher emphasis given to RHR compared to the other outcome areas. RHR trainings and trainees account for 64% and 67% of the total respectively. Based on stakeholder interviews and review of pertinent data, it appears that too great an emphasis on training medical workers, without sufficient attention to clinical skills training, has been an important limitation in the RHR training approach. Youth program trainings for HLS curricula appears to have strong potential for sustainability, while trainings for YFHS may not be as effective, especially in MoH facilities. Trainings on gender norms, based on training follow up issues, have mixed responses, reflecting the long-term nature of changing attitudes on gender roles. Trainings on PD issues, especially technical expertise for demographic projections have been well received.

Summary of Trainings and Trainees by Program Area for 2012-2015

	No Trainings	No Trainees
RHR	171	4166
Gender	24	518
Youth	26	551
PD	22	348
PBF	26	655
Grand Total	269	6238

Guidelines, protocols and curricula: To a varying extent all four of the programme areas, RHR, Youth and Gender and PD linked their trainings closely to guidelines, protocols and curricula that have been developed based on internationally recognized legitimate normative structures, such as the WHO for health and vital statistics related trainings and UNESCO for trainings on the HLS curriculum. This is a highly valid and efficient approach from the view point of sustainability and maintenance of program quality.
Policy and strategy development and advocacy: This approach has been successfully employed in all four program areas as evidenced by GoKR endorsement of a wide range of UNFPA-supported health, youth, and gender policies (Document review, COAR 2012, 2013, 2014, and 2015).
Gaps in tools and approaches: RHR: Based on a review of documents and data, as well as stakeholder interviews, a key issue is the need for more demand creation for FP in a situation with low prevalence and high rates of unwanted pregnancy (as indicated by a large number of abortions). Stakeholders felt there is too great an emphasis on training medical workers, combined with insufficient attention to clinical skills training and that more demand creation efforts are needed, especially in rural areas. There is a need for improved monitoring, with denominator-based indicators to enhance the assessment of progress (Stakeholder interviews).
Youth: Despite UNFPA support for trainings on YFHS, there is insufficient evidence to demonstrate impact, especially in in MoH settings (Stakeholder interviews, UNFPA Evaluation Group 2016). Gender: Efforts with training to change gender norms of program staff may not have the desired impact without sustained efforts. PD: The combination of highly focused technical trainings with policy advocacy appears to be working well.

Sustainability (Applies to all four focus areas)				
EQ 4.A To what extent has the CO been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure: a) ownership and b) the durability of effects?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	"Ownership" and "Durability of effects" are somewhat subjective in nature and require a combination of qualitative and quantitative indicators to measure. Each can be addressed with a combination of quantitative and qualitative assessment approaches. A "triangulation" of the two approaches helps validate the findings.	*Measures of Durability of effects:* Short-term ability of institutions to continue functions without external support. - Measures of capacity building, esp. training activities. *Measures of ownership:* -Patterns of staffing turnover -Counterpart agency sources of budget, current and future. *Overall sustainability* can be measured quantitatively via the level of fund-raising or cost-sharing achieved by a UNFPA donor recipient has achieved for a given activity. Qualitatively, stakeholders provide their subjective impressions on the buy-in, ownership and institutional commitment of a UNFPA donor recipient to continue a given program activity in the absence of future UNFPA support.	UNFPA CP COARs, AWPs, Implementing agency reports. -Training data. -Stakeholders in management positions within Ministry and IPs -Client beneficiaries.	-Key stakeholder interviews, -Training follow-up interviews -Client/beneficiary interviews -Document review -Budget review. (NB: The above for each of the four program areas).
Assumption(s) to be assessed for EQ4.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ4.A - The UNFPACP has developed program capacity and infrastructure that has "ownership" and can be sustained in the short- and long-term (up to five years and greater than five years) in each of the four program areas.	"Ownership" and "durability of effects" are likely to be highly correlated.	*Measures of Durability of effects:* Short-term ability of institutions to continue functions without external support. - Measures of capacity building, esp. training activities. *Measures of ownership:* -Patterns of staffing turnover -Counterpart agency sources of budget overtime.	-CCA2015 UNFPA CP COARs, AWPs, Implementing agency reports. -Training data. -Stakeholders in management positions within Ministry and IPs -Client beneficiaries.	-Key stakeholder interviews, -Training follow-up interviews -Client/beneficiary interviews -Document review -Budget review. (NB: The above for each of the four program areas).

A.EQ4.A – There are multiple examples of sustainable capacity and ownership for each of the four program areas.

RHR: The UNFPA-supported development of clinical protocols and training curricula within the Institute for Post-graduate training, which can only proceed after they are endorsed by MoH, were viewed as both sustainable and owned by the MoH as part of its long-term commitment to capacity building (stakeholder interviews). This is with the caveat that the roll out of protocols and training is not uniform and requires monitoring to ensure consistency across districts. Ownership of the protocols and associated trainings was enhanced through the CEMD process by virtue of the fact that protocols were based on the requests of medical practitioners themselves as part of the CEMD process, not imposed by outside experts. UNFPA-supported capacity for the development of clinical protocols (MoH staff sent to Moldova) was extended on the initiative of MoH staff who subsequently trained more than 20 other staff on protocol development. This is likely to have both a short- and long-term sustainable impact on MoH capacity for EOC and EPC. Stakeholders reported that improvements at the normative level of clinical protocols combined with training and supportive supervision related to key interventions (such as anaesthesiology in the delivery process, eclampsia, sepsis, shock, haemorrhage) have resulted in sustainable improvements in EOC and EPC services that are likely to improve outcomes on a long-term basis. Stakeholders involved in Output 3, to provide SRH services in humanitarian settings, demonstrated a strong sense of ownership. They reported their response planning was designed by the intended implementers for the response, and not by UNFPA. They felt their efforts, catalysed by UNFPA, will enhance collaboration in the future for effectiveness in action and that the planned regulations will sustain for intersectoral cooperation (stakeholder interviews). Not all efforts were sustainable. Some stakeholders felt strongly that the UNFPA KR model of paying SRH trainers directly was a threat to sustainability and should be changed to work through institutions. The YFHS training, while it is reported to be effective in the NGO context, was not sustained in one MoH site that had training but ultimately did not implement a YFHS program. "Initially, with the training, we were very motivated, but we were not motivated when we did not get our room."(stakeholder describing disappointment).

Youth: The successful introduction of HLS curricula into the Voc Ed System was the result of long-term collaboration, which stakeholders reported was fully endorsed for ongoing implementation by the State agency on Vocational Education. Stakeholders pointed out that the program is now mandatory and most of the costs for implementing the curricula were now being undertaken by the ministry.The formal adoption of the HLS curriculum within the national Vocational Education program serving an estimated 70,000 young people as of 2015, is a major accomplishment (UNFPA Evaluation Group 2016). While additional external monitoring and refresher training should still be provided, this is an excellent example of sustainable capacity building for long-term impact. A key contributing factor toward sustainability is the long-term nature of UNFPA KG collaboration. UNFPA KG has had ongoing ties with religious organizations for 15 years and, based on stakeholder interviews and group discussions, Mutakalim staff have a strong sense of ownership of their SRH education program within Madrasas; they have a long-term view toward building capacity for SRH education and a commitment to maintain the teaching programs. The Mutakalim stakeholders expressed support for training of madrasa teachers on the basis of its sustainability: it has a far more durable impact than just training madrasa students. Based on stakeholder interviews and site visits the evaluation team found that UNFPA KG work with Mutakalim was effective in working to positively reinforce RH practices based on teachings of the Koran, such as a prescription of two years for breastfeeding; the program has changed views of imams toward UNFPA to be more favourable and has potential for long-term impact through capacity building of adult teachers. Stakeholders reported that the Mutakalim program supports a long term view toward building capacity for SHR education within a religious context. Once trained, the women madrassa teachers reported they are a long-term asset to their communities for SRH information. They reported that they are committed to community service and see this is a rewarding role to serve in the community. The UNFPA KR youth team supported the Ministry of Youth in the development of national youth policy 2012-2014, which is a good example of sustainable activity. In addition, 2015 RH Law, passed with UNFPA support, provides a long-term legal basis for developing YFHS at all levels of health care as well as institutionalising sexual education at schools. (UNFPA Evaluation Group 2016).

Gender: UNFPA KR has supported efforts that hold promise to institutionalize a response to GBV. In 2014 UNFPA provided technical support to relevant ministries and state agencies to draft sectorial-based regulations within the frame of institutionalization and integration of GBV SOPs in Emergencies. An interagency working group responsible for developing the document was formed with representatives of Ministry of Emergency Situations, Ministry of Defence , Ministry of Health, Ministry of Internal Affairs and Ministry of Social Development. In addition, UNFPA KR supported the integration of Reproductive rights in the previous NAP for Achieving Gender Equality 2012-2014 and the current NAP for Achieving Gender Equality 2015-2017 in Chapter II "Development of the Functional Education system" with the focus on parenthood and SRH. 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). These results reflect a long-term commitment and ownership by the respective ministries.

PD: Based on stakeholder interviews, the UNFPA PD team has demonstrated a long-term commitment to policy development and advocacy and close collaboration with diverse stakeholders at the ministry and parliamentary level. Stakeholders reported that UNFPA KR PD team has helped in building an environment for

cooperation among the various ministries that need to share validated population and vital statistics data and that this approach will have a long term benefit. UNFPA KR PD work has been instrumental in laying the ground work for the capacity needed for key ministries to do sophisticated population demographic projections to inform policy planning. Formerly, Kyrgyzstan relied on centralized state planning projections done in Moscow. With independence, there is an urgent need to develop national capacity for this work. Government of the KR established a technical group in 2015 for Demographic forecasting, the purpose of which is the preparation of a single and coherent demographic projection of the Kyrgyz Republic for the medium term, providing analytical materials of the Coordinating Council on macro-economic and investment policy at the PKR and providing timely recommendations for management decisions on the formation of adequate social policies of the State. The focal point is currently in the Ministry of Economics, but there is likely to be expansion of this expertise to other Ministries (Results from training follow up interviews, April 2016.) UNFPA KR PD leadership to help improve cooperation among key population data stakeholders are likely to have durable effects and result in stakeholder ownership of new innovations (stakeholder interviews). One stakeholder stated confidently that, while UNFPA support is entirely relevant, they will continue without UNFPA.

Sustainability (Applies to all four focus areas)				
EQ 4.B Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Determining "readiness" is a challenge because it is somewhat subjective. It will rely in part on self-reports of stakeholders, which may be biased toward making a favourable impression to donors.	Short- and long-term ability of institutions to continue, replicate or adapt programme functions without external support. Measures of capacity building, esp. training activities. Patterns of staffing turnover and counterpart agency long-term budgeting over time.	National Ministry Strategic Planning documents, CPAP, COARs, AWPs, Implementing agency reports. Training data. Stakeholders in management positions and beneficiaries.	Key stakeholder interviews, document review, budget review. Training follow-up interviews.
Assumption(s) to be assessed for EQ4.B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ4.B - The UNFPACP has developed program capacity and infrastructure that can be sustained in the short- and long-term (less than 6, more than five years) in each of the four program areas.	No comments on this assumption are required here.	-Short and Long-term ability of institutions to continue functions without external support in all four program areas. -Measures of capacity building, esp. training activities. -Patterns of staffing turnover and counterpart agency - Long-term budgeting overtime (evidence of Ministry buy-in).	-National Ministry Strategic Planning documents, -CCA2015 -UNFPA CP, COARs, AWPs, - Implementing agency reports. - Training data. - Stakeholders in management positions and beneficiaries.	-Key stakeholder interviews with Senior policy makers within Ministry and IPs, -Document review, -Budget review. -Training follow-up interviews. (NB: The above for each of the four program areas).
A.EQ4.B - As documented above for A.EQ4.A, the UNFPA CP has developed program capacity and infrastructure that can be sustained in the short- and long-term (less than 6, more than five years) in each of the four program areas.				

COMPONENT 2: ANALYSIS OF UNFPA Kyrgyzstan UNCT cooperation and value added				
UN Country Team Coordination				
5. A. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Requires understanding of UNFPA Kyrgyzstan participation in UNCT governance.	UNFPA Kyrgyzstan participation in theme groups and other UNCT administrative bodies for coordination of activities.	UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, stakeholder interviews.
Assumption(s) to be assessed for EQ5A	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ.5.A -The UNFPACO has made consistent positive contributions to the consolidation and functioning of UNCT coordinating mechanisms (working groups and joint programs) toward implementation of the UNDAF in each of the four program areas.	No comments on this assumption are required here.	Reported level of UNFPA KR CO staff participation in: -UNCT planning and coordination functions. -Pertinent UNCT theme groups -Other UNCT administrative bodies for coordination of activities. -Concrete examples of UNFPA KR participation in the process of consolidation of UNCT coordination procedures and programs.	- UNCT staff at senior management and theme group levels. -Stakeholders at Ministry and IP partner agencies. -UNCT Theme group minutes	-Stakeholder interviews with UNRC and members of UNCT theme groups and UN Agencies. -Stakeholder interviews with Ministry and IP partners -Document review of coordination of joint program activities (NB: The above for each of the four program areas).

A.EQ.5.A. There were many examples, from stakeholder interviews and document review, where it was demonstrated that UNFPA CO has made consistent positive contributions to the consolidation and functioning of UNCT coordinating mechanisms. All stakeholders interviewed, both within the UNCT and among the donor community with familiarity with UNCT activities, felt that the UNFPA CO contributes to UNCT coordination mechanisms with a highly professional collegiality. As part of its program implementation, UNFPA routinely collaborates with six of the UN Agencies: SRH: (WHO UNICEF UNAIDS) Youth: (UNICEF, UNDP) Gender and GBV: (UN Women, IOM) and PBF: (UNDP, UNICEF, WHO).

In addition to having an important role in the development of the next UNDAF, based on COAR 2015 (page 34) for example, the UNFPA CO has clearly been an active participating in (chairing four of them) inter-agency working groups, documenting participation in at minimum 12 regular meetings (shown below) that take place on a quarterly basis, more than one hundred meetings each year. Some stakeholders commented that this active participation, while much appreciated, was potentially detracting from UNFPA KR efforts to collaborate effectively outside the UNCT to develop more funding opportunities.

1. UN Youth Theme Group meetings are chaired- Meder OMURZAKOV (Asel Turgunova)
2. IT Group meetings are chaired- Semetei Mambetkulov
3. MAF Action Plan (chair of MCH component)- Nurgul Smankulova (Azamat Baialinov, Meder OMURZAKOV)
4. UN CPT group meetings are chaired- Akylai Apylova (Semetei Mambetkulov)

5. OMT meetings and OMT working teams meetings are attended- Akylai Apylova (Semetei Mambetkulov)
6. Gender Theme Group meetings are attended- Nurgul Kinderbaeva (Nora Suyunalieva)
7. JUNTA meetings are attended- Cholpon Egeshova
8. HACT task group meetings are attended- Tolgonai Berdikeyeva (Akylai Apylova, Nora Suyunalieva)
9. UNCG/UNCCG meetings are attended- Nurgul Kinderbaeva (Nora Suyunalieva)
10. UN SAC activities are implemented- Semetei Mambetkulov (Nazira Zheenbekova)
11. DRCU meetings are attended- Nurgul Smankulova (Azamat Baialinov)
12. PBF meetings are attended- Anarkul Ismailova (Nora Suyunalieva)

"The staff members of the office successfully chaired several interagency working groups in 2015. The AR chaired UN Youth Theme Group. Admin/Finance Associate chaired UN common procurement team. Administrative Assistant chaired UN IT team. Administrative/Finance Associate and Program Associate are chairing HACT group. Due to strong capacity in HACT, Administrative/Finance Associate and Program Associate serve as resource persons for other agencies. Other staff members actively participated in the relevant thematic groups. MAF action plan was implemented in timely manner. The MAF progress report was developed and submitted for CEB session in November." (COAR 2015).

Stakeholders observed that there is exceptionally collaborative approach taken by UNFPA KR, pointing out that the KR UNCT is the most successful of the CIS region countries in working effectively on joint programmes. One reason for this may be that the current UNFPA's Assistant Director formerly worked for the WHO KR office and is therefore fully conversant with WHO initiatives that can be implemented jointly within the UNCT.

In addition to its success in developing and implementing PBF project in collaboration with UN Agencies, stakeholders cited UNFPA's collaboration with UN Women, and with UNICEF and WHO with the Development as One (DAO) project in Osh and Batken. Stakeholders from outside the UNCT, reinforced the idea that UNFPA KR is adept in collaboration to advance common UNCT goals.

Starting this year, UNFPA has been offered and has accepted the lead as chair of MCH in the MAF Health System Swap MCH group. This is a major responsibility for an important portfolio and UN agency stakeholders have expressed confidence in UNFPA's capacity to take on this role. Stakeholders within the UNCT as well as outside consistently confirmed that the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country.

COMPONENT 2: ANALYSIS OF UNFPA Kyrgyzstan UNCT cooperation and value added				
UNCT cooperation				
EQ5. B. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Requires understanding of UNFPA Kyrgyzstan participation in UNCT governance.	Concrete examples of UNFPA Kyrgyzstan participation in the process of consolidation of UNCT coordination procedures and programs.	Senior UNCT management, UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Assumption(s) to be assessed for EQ5B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ5B.-UNFPA global mandates are being effectively implemented within the UNDAF in all four program areas.	No comments on this assumption are required here.	Mapping of key global UNFPA (e.g. SP 2014-2017) mandates and priorities within UNDAF strategic documents and annual program activities for each of the four program areas.	-UNFPA Global Strategy documents (UNFPA SP 2014-2017) -Senior UNFPA CO and UNCT management, -UNDAF strategy and reporting documents -UNDAF Midterm review, -UNDAF Annual Reports. -UNFPA CPCOARS	-Document review, -Key stakeholder interviews with UNFPA Kyrgyzstan CO staff as well as UNCT (UNRC and theme group members).. (NB: The above for each of the four program areas).
A.EQ5B.-There were several examples, where UNFPA global mandates are being effectively implemented within the UNDAF. These include the UNFPA KR re-alignment of all four outcome areas to be responsive to the UNFPA SP 2014-2017 (See Annex 4). UNFPA KR has also effectively adapted regional initiatives, such as "establishing regional mechanisms of knowledge transfer between COs, regional institutions and national partners; mobilizing civil society (non-government organizations (NGOs), faith-based organizations (FBOs), youth and parliamentarian networks) at the regional level in support of the ICPD agenda.."(See UNFPA. Regional interventions action plan for Eastern Europe and Central Asia 2014–2017. August 2013). Working within the UNDAF, UNFPA KR has effectively managed to be proactive implementing a human-rights-based approach to delivering comprehensive SRH services, initiated the Total Marketing Approach, as well as supporting SRH education and reaching key populations with HIV prevention, helping to consolidate the gains in the ICPD agenda (UNFPA 2013 page 12).				

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
UNCT Coordination				
EQ5.C Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Alignment with UNFPA mandates may have changed over time due to the 2014 Aligned CP Output and Outcomes framework.	Congruence of UNDAF and UNCT activities, outputs and outcomes with the 2014 UNFPA Aligned CP framework. Qualitative data on UNCT recognition of UNFPA Kyrgyzstan contributions to UNDAF.	Senior UNFPA staff management, CPAP, CPD, UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Assumption(s) to be assessed for EQ5C	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ5.C - The UNFPA Kyrgyzstan CP's core mandated activities, outputs and outcomes as implemented within the Kyrgyzstan Republic UNDAF are recognized and acknowledged by UNCT.	No comments on this assumption are required here.	-Congruence of UNDAF and UNCT activities, outputs and outcomes with the 2014 UNFPA Aligned CP framework. -Qualitative data on UNCT recognition of UNFPA Kyrgyzstan contributions to PoC.	Senior UNFPA staff management, Senior UNCT staff (UNCR and theme group members) UNFPA CP and PoC documents, UNDAF Midterm review, UNCT Annual Reports. UNCT theme group minutes.	- Document review, - Key stakeholder interviews with UNCT senior staff as well as UNFPA Kyrgyzstan CO staff. (NB: The above for each of the four program areas).
A.EQ5.C - Stakeholders within the UNCT, as well as stakeholders from outside who were knowledgeable on the UNDAF, consistently confirmed that the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the KR. UNCT stakeholders were very supportive of UNFPA KR work in RHH, citing activities related to the MAF, EOC, EPC, and FP. UNFPA KR's expertise working with religious organizations was also recognized and acknowledged as an area of comparative advantage. UNFPA KR youth focus was also acknowledged and endorsed as being an area of comparative advantage based years of concerted effort with Y-PEER and YFHS. There were very few instances where there may be some reluctance on the part of UNCT stakeholders to endorse a UNFPA mandate. While work on gender was also recognized appreciated and acknowledged, there were some stakeholders who intimated that this was an area where UNFPA KR might defer to UN Women, which is felt to have a broader mandate for gender. Some stakeholders felt UNFPA should reduce its RHR portfolio to be more focused on its mandate for FP. UNFPA KR PD activities were appreciated, not only its role supporting the census, the DHS and MICS and demographic projections, but for its policy advocacy work for RH and Aging issues. It appears that some UN partners underrate UNFPA's humanitarian mandate and it has been difficult to promote it because UNFPA is not leading any sector and cluster in the established structural design on humanitarian preparedness response.				

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ6.A. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN Agencies?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
NB: To reduce sensitivity, it can be paraphrased as, "What is UNFPA's comparative advantage in the KR?"	Question 6.A will focus primarily on other UN Agencies, but should make comparison to any and all pertinent agencies in the country. This question needs to be addressed with great sensitivity. It is particularly sensitive to ask Ministry respondents and IPs to compared UNFPA to other UN Agencies. Some respondents may decline to answer.	Performance of UNFPA activities relative to other UN Agencies. To reduce sensitivity, it can be paraphrased as, "What is UNFPA's comparative advantage in the Kyrgyzstan development community."	Senior UNCT, GoKR Ministry staff, UNFPA staff management, CPAP, CPD, UNDAF documents, PoC Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Assumption(s) to be assessed for EQ6A	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A. EQ6.A - UNFPA is recognized for having comparative advantage for certain program areas, in comparison with other implementing agencies and development partners, including other UN Agencies.	No comments on this assumption are required here.	-Stakeholder perceptions of UNFPA performance in key program activities relative to other KR development partners and UN Agencies. -Specific case examples where UNFPA KR may have demonstrated a special competence that is not available from other sources.	-Senior Stakeholders among the UNCT, GoA Ministry staff, - UNFPA staff management, -CP, CPD, UNDAF documents, -UNDAF Midterm review, -UNDAF Annual Reports.	-Document review, -Key stakeholder interviews. (NB: The above for each of the fourp rogram areas).
A. EQ6.A – Based on stakeholder interviews with a wide range of informants and document review, UNFPA KR is recognized for having comparative advantage for several program areas. Members of the RHR community voiced an appreciation for the passion of UNFPA staff and recognized their expertise and comparative advantage for SRH policy and programs. UNFPA KR enjoys a strong position among the development actors, with strong mandate and reputation, with good rapport, visible and respected. UNFPA KR was perceived to have close long-term ties to national counterparts, is a reliable partner for RH, FP and Gender, and a highly effective policy advocate. Stakeholders noted that in addition to its work in MCH, FP and youth, UNFPA stands out as one of the only organizations that that deals with prevention of HIV through sexuality and sexual transmission as opposed to work focused on transmission through injecting drugs. UNFPA is recognized for its experience working with religious leaders such as with Mutakalim and through the PBF supported activities. Similarly, UNFPA KR has credibility for its work with youth through religious organizations. For example, according to the recent UNFPA Evaluation Group 2016 evaluation of UNFPA KR Youth activities, UNFPA efforts to reach out to adolescents and youth through religious leaders were favorably perceived as unique and largely unmatched by other organizations. UNFPA KR was recognized for its special expertise in promoting sexuality education, especially in achieving the adoption of the HLS curriculum within the Voc Ed System. UNFPA KR staff have credibility within the UNCT. UNFPA KR is the go to agency for data, demography and aging issues. The PD group is cited for its work on improved disaggregated data and projections and RH policy advocacy. UNFPA expertise on policy on ICPD and RH is also seen as a clear comparative advantage. Compared to other				

UNCT agencies, UNFPA was often cited as being well organized, but flexible and less bureaucratic. Some stakeholders found UNFPA KR staff comparatively somewhat more friendly, trusting, and respectful.

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ6.B.Are these strengths a result of UNFPA corporate features or are they specific to the CO features?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	The phrase, "specific to the country office features" is interpreted to mean unique positive innovations and attributes of UNFPA Kyrgyzstan program activities and staff that set it apart from global UNFPA policies and procedures.	Examples of program strengths and/or innovation on the part of UNFPA Kyrgyzstan CO that may be unique to Kyrgyzstan rather than mandated by UNFPA HQ.	Senior stakeholders at GVT Ministries, UNCT, UNFPA Kyrgyzstan, UNFPA program reporting documents, national strategy documents, and GVT budget plans.	Document review. Stakeholder interviews, budget review.
Assumption(s) to be assessed for EQ6B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ6.B – UNFPA Kyrgyzstan's comparative advantage in certain program areas may result from UNFPA corporate resources and expertise, as well as UNFPA Kyrgyzstan CO attributes and competencies.	No comments on this assumption are required here.	-Examples of program strengths, best practices and/or innovation that are the result of UNFPA Kyrgyzstan CO efforts and competencies. -Examples of program strengths that are a result of UNFPA corporate features.	-Senior stakeholders at GVT Ministries, UNCT, UNFPA Kyrgyzstan CO, and IP agencies -UNFPA program reporting documents. -Site Visits -National strategy documents, and GVT budget plans. -Media reports	-Document review. -Key stakeholder interviews -Site visits -Client/beneficiary interviews -Budget review. (NB: The above for each of the four program areas).
A.EQ6.B – Based on stakeholder interviews, rather than resulting from UNFPA corporate resources, UNFPA Kyrgyzstan's comparative advantages were generally perceived to be a reflection of the highly competent and hardworking professional staff in the Bishkek office. UNFPA KR was perceived to be working effectively in collaboration with the regional office. There were important instances where UNFPA KR implemented regional supported initiatives, such as TMA, CHANNEL Software, and MISP, and benefited from regional funding and external regional consultants, but in general these were perceived to be an integrated part of the UNFPA KR portfolio of activities. Another example of regional support was when the UNFPA KR PD team provided financial resources in order to ensure that two specialists from National Statistics Committee in addition to the staff from the Ministry of Economy (funded by EECARO) attend a training on Demographic Projections organized by EECARO jointly with the Higher School of Economics (Moscow, Russia) (COAR 2013), but this capacity building was not a regional activity. The UNFPA PD staff have been working very long-term to facilitate this capacity building as part of a concerted process of consultation with local stakeholders.				

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ6.C. To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	This is a hypothetical question that will assess any visible benefits specifically resulting from the UNFPA activities and they will assess their magnitude. Special attention will be paid to the comparative strengths of the UNFPA in relation to other stakeholders working in the area. In addition, the researcher will probe on the level of cooperation within international organizations in Kyrgyzstan (whether or not there are duplication activities exist and etc.)	Performance of UNFPA activities that was vital in achieving a particular strategic result. If these UNFPA activities were not performed, the obtained results would not have been achieved.	GoKR Ministry staff, UNFPA staff management, COAR, UNFPA non-governmental partners.	- Document review -Key stakeholder interviews
Assumption(s) to be assessed for EQ6C	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A.EQ6.C - The UNFPA activities led to actions that were additional to what would otherwise have occurred.	No comments on this assumption are required here.	- Specific case examples where UNFPA KR may have demonstrated a special competence that is not available from other sources. - The perception of the key stakeholders	-Senior stakeholders at GVT Ministries, UNCT, UNFPA Kyrgyzstan CO, and IP agencies -UNFPA program reporting documents. -Site Visits	- Document review -Key stakeholder interviews
A.EQ6.C – Based on stakeholder interviews and document review, there are clear examples where UNFPA activities led to actions that have made a difference and would otherwise probably not have occurred. UNFPA KR leadership in the development and implementation of the MAF was repeatedly cited as making a difference in effectively rolling out key EOC initiatives for the CEMD and NMCR as well as the effective roll out of EPC and EOC trainings and supervisory visits in Talas. While it preceded the current third program cycle, UNFPA KR long-term support for youth programs, such as Y-PEER, led to the establishment of an independent Y-PEER that is now able to function independently as an NGO without UNFPA support. UNFPA is i an effective advocate for youth and SRH policy. It is unlikely that the 2015 RH Law would have been approved by Parliament without the due diligence of the UNFPA CO to advocate for it for over a decade. The role of UNFPA in contraceptive procurement is central to its mandate and was frequently felt to be a unique contribution to the SRH needs of the KR. UNFPA KR				

is seen as unique for its long-term (15 year) leadership in building bridges with the religious community, as evidenced by its experience working with religious leaders such as with Mutakalim and through the PBF supported activities. Similarly, UNFPA has been supporting sexuality education initiatives for multiple program cycles and it is unlikely that the HLS program in the Voc Ed System would have become mandatory without UNFPA KR support. UNFPA's support for programs key populations is not unique, as there are other donors contributing to this work. However, UNFPA stands out as one of the only organizations that that deals with prevention of HIV through sexuality and sexual transmission as opposed to work focused on transmission through injecting drugs.

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ6.D. What is the main UNFPA added value in the country context as perceived by national stakeholders?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	This question examines the relative extent to which UNFPA has ensured that its interventions were developed and implemented.	Evidence that UNFPA has added significant value to national efforts to realize goals in one or more of the programmatic areas.	GoKR Ministry staff, UNFPA staff management, COAR, UNFPA non-governmental partners.	- Document review - Interviews with key national stakeholders (to consider all four program areas).
Assumption(s) to be assessed for EQ6D	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
A-EQ6D. Assumes that UNFPA has added value in one or more areas within the country context.	No comments on this assumption are required here.	- Examples of activities that were influential for the results in a program area. - The perception of the key national stakeholders.	-Senior stakeholders at GVT Ministries, UNCT, UNFPA Kyrgyzstan CO, and IP agencies -UNFPA program reporting documents. -Site Visits	- Document review -Key stakeholder interviews
A-EQ6D. As demonstrated above in items A.EQ2.A, A.EQ4.A, A.EQ6.A, and A.EQ6.C there is compelling evidence that UNFPA has added value in <u>all</u> outcome areas within the KR country context.				

Annex 3 Stakeholder Appointments											
# participants	Meeting Day	Time	Availability	Meeting Place	Primary Project Code No.	Name of Organisation or Institution	Name of person	Gender of person (M/F)	Position/Title	UNFPA Areas (RH-1; Y&A-2; GE-3; PD-4; All-5; PBF-6; HIV-7)	Fluent in English? (Y/N)
12	11-Apr	09:00-10:00	Met	UNFPA, UN House	All Staff	UNFPA CO	All Staff		UNFPA CO	5	Y
5	11-Apr	10:00-12:00	Met	UNFPA, UN House	Evaluation Reference Group	Evaluation Reference Group	Cholpon Asambaeva, Almaz Suiunbekov, Elmira Shishkaraeva, Gulumar Abdullaeva, Kuban Monolbaev	F, M, F, F, M	Responsible for programme implementation, Study and Expert Fond activities on Perinatal Health, (GIZ), Resident Assistant at the American University in Central Asia (AUCA), UNDP Country Program Gender Coordinator (UNDP), Chief Specialist of Social Statistics Department of National Statistics Committee (NSC), Public Health Officer (WHO)	5	Y
1	11-Apr	13:00-14:00	Met	UNFPA, UN House	UNFPA PBF	UNFPA PBF Activities	Urmat Kabylova	F	UNFPA PBF Projects Communications Specialist/Coordinator	6	Y
2	11-Apr	14:00-14:50	Met	UNFPA, UN House	UN CT	UN Resident Coordinator, RC Office	Alexander Avanessov, Janyl Rakhmanova	M, F	Courtesy Visit	5	Y
1	11-Apr	16:00-16:55	Met	UNFPA, UN House	UNFPA GE	UNFPA GE & PD Areas	Nora Suyunalieva	F	UNFPA GE Program Associate,	3	Y

									Communications Focal Point		
2	11-Apr	17:00-18:00	Met	UNFPA, UN House	UNFPA RH & HIV	UNFPA RH & HIV Areas	Nurgul Smankulova, Cholpon Egeshova	F, F	UNFPA RH National Program Analyst, UNFPA HIV National Program Analyst	1,7	Y
1	12-Apr	09:00-10:00	Met	Reproductive Health Alliance Office	202, HUM, KYR3U603,	Reproductive Health Alliance, Kyrgyzstan	Galina Chirkina	F	Executive Director	1,2	N
1	12-Apr	10:00-10:40	Met	Reproductive Health Alliance Office	KYR3 U201	MoH, Evidence-based Medicine department	Bermet Baryktabasova	F	Head	1	N
1	12-Apr	11:00-12:00	Met	UNFPA, UN House	KYR3 U202, KYR3U604, KGZ03MTK	NGO "Mutakalim"	Jamal Frontbek kyzy	F	Director	1,6	N
1	12-Apr	13:00-13:50	Met	UNFPA, UN House	UNFPA Y&A	UNFPA Youth Area	Asel Turgunova	F	UNFPA Youth Specialist	2	Y
1	12-Apr	14:00-14:40	Met	UNFPA, UN House	UNFPA PD	UNFPA PD Area	Tolgonay Berdikeyeva	F	NPA	4	Y
2	12-Apr	15:00-16:00	Met	Kyrgyz State Medical Institute for Continuous Education and Retraining of Doctors (KSMICERD)	KYR3 U201	SRH Department, KSMICERD	Cholpon Stakeeva, Assistant	F, F	Head, Assistant	1	N
2	12-Apr	16:30-17:30	Met	UN Women CO	UN Partner	UN Women Kyrgyzstan	Gerald Gunter	M	Executive Representative	3	Y
11	13-Apr	09:00-11:00	Met	National Statistics Committee (NSC)	KGZ03NSC, KYR3U705	National Statistics Committee (NSC)	Akylbek Osmonaliev, Gulkhumar Abdullaeva, Liudmila Torgashova, Liuksina Tekeeva,	M, F, F, F, F, F, F, F	Chairperson, Staff (Information, Social Statistics, Census departments of NSC)	4	N

							Galina Samohleb, Chinara Turdubaeva, Aigul Jarkynbaeva, Gulhumar Abdullaeva, Jylrdyz Rahmanova, Kanykey Orozalieva				
2	13-Apr	11:20-12:00	Met	UNFPA, UN House	KYR 03 HUM project	Ministry of Emergency Situations, Bishkek	Cholpon Chekirova, Assistant	F,F	Chief Specialist	1	N
1	13-Apr	13:00-13:40	Met	State Registry Service (SRS)	KGZ03SRS	State Registry Service (SRS)	Dastan Dogoev	M	Deputy Chairperson	4	Y
1	13-Apr	14:10-14:50	Met	NGO "Tais Plus"	KYR3 U202	NGO "Tais Plus"	Shakhnaz Islamova	F	Director	7	N
1	13-Apr	15:00-16:00	Met	Ministry of Labor and Social Development	KYR03GEQ	Ministry of Labor and Social Development	Nurgul Bakirova	F	Head/Specialist of Gender Policy Department	3	N
2	13-Apr	17:00-18:00	Met	NGO "Y-Peer"	KGZ03YPR	NGO "Y-Peer"	Gulnara Salokhitdinova, Darika Amanbaeva	F, F	Executive Director, Program Manager	2,6	N, Y
2	14-Apr	09:00-10:00	Met	Kyrgyz State Medical Institute for Continuous Education and Retraining of Doctors (KSMICERD)	KYR3 U202	Family Planning Department, KSMICERD Rector	Inna Bolotskih, Tulegen Chubakov (Courtesy)	F, M	Head of FP Department, Rector of KSMICERD	1	N
1	14-Apr	10:20-11:00	Met	Perinatal Center #4	KYR3 U201	Kyrgyz State Medical Academy	Maken Musuraliev	M	Head of Ob/Gyn and Paediatrics Department of the Kyrgyz State Medical Academy	1	N
1	14-Apr	11:30-12:10	Met	Swiss Red Cross (SRC) Office in Kyrgyzstan	Development partner	SRC	Gelmius Siupsinskas	M	SRC Country Coordinator	1	Y

1	14-Apr	13:00-13:40	Met	UNFPA, UN House	KYR3 U201	Office of the Government of the Kyrgyz Republic	Anarbubu Eshkhodzhaeva	F	Chief Specialist at the Department of Education, Culture and Sport	1	N
2	14-Apr	14:10-15:00	Met	Mandatory Health Insurance Fund (MHIF)	KYR3 U201, 202	Mandatory Health Insurance Fund (MHIF)	Marat Kaliev, Jypara Azizbekova	M, F	Deputy Chairperson, Head of Department of Health Insurance Programs	1	N
2	14-Apr	17:00-18:00	Met	UN PBF Secretariat	UN Partner	UN PBF Secretariat	Nasra Islan, Claudio Alberti	F, M		6	Y
1	15-Apr	09:00-10:00	Met	SKYPE	KYR3 U201	Kyrgyz Alliance of Midwives	Tatiana Popovitskaya	F		1	Y
2	15-Apr	10:30-11:30	Met	NGO "Foundation for Tolerance International"	KGZ03FTI		Tazhykan Shabdanova, Gulbarchyn Toyalieva	F, F	Program Director, Project Coordinator	6	N
1	15-Apr	12:00-12:45	Met	Ministry of Emergency Situations, Bishkek City Department	KYR03GEQ		Bolot Amanbaev	M	Head	3	N
1	15-Apr	13:00-13:50	Met	GIZ	Development partner	GIZ	Cholpon Asambaeva	F	Responsible for programme implementation, Study and Expert Fond activities on Perinatal Health	1	Y
1	15-Apr	14:00-15:00	Met	Republican Scientific Medical Library	Development partner	Swiss Embassy in Kyrgyzstan, Swiss Agency for Development and Cooperation (SDC)	Elvira Muratalieva	F	Senior Program Officer (MCH)	1	Y
4	15-Apr	15:30-16:30	Met	Republican Medical Information Center (RMIC)	KYR3 U202, KYR03604, KYR3U705	RMIC	Larisa Murzakarimova, Ainagul Murzashova, Olga Kinsyakova, Bakhtiyar S.	F, F, F, M	Head, Deputy Head, Head of Demographic Statistics Department	1,4	N
1	15-Apr	17:00-18:00	Met	UNFPA, UN House	UN Partner	World Health Organization (WHO) in Kyrgyzstan	Kuban Monolbaev	M	Public Health Officer	1	Y

3	16-Apr	09:00-10:00	Met	INTRAC Office	KYR3 U202	FP national trainers (FMC #1, Chui FMC, Kyrgyz State Medical Academy)	Erkinai Moldoakmatova, Bakhtygul Mamytova, Batma Dalbaeva	F,F,F	FP national trainers (FP Coordinator of Bishkek City, FP coordinator of Chui Oblast, Kyrgyz State Medical Academy Associate Professor)	1	N
2	16-Apr	10:10-12:00	Met	MoH, Treatment and Prevention Unit of DHC&DP	KGZ03PBF, Hum, KYR3U603, KYR3U706 KYR3U201, KYR3U202	MoH, Treatment and Prevention Unit of DHC&DP	Aigul Boobekova, Raisa Beishenalieva	F,F	Head of Treatment and Prevention Unit of DHC&DP, Chief Specialist	1	
1	18-Apr	09:00-10:00	Met	Osh Oblast AIDS Center	KYR3 U202	Osh Oblast AIDS Center	Elmira Narmatova	F	Head	7,1	N
1	18-Apr	13:20-14:00	Met	Osh City Perinatal Center, Department of Ob/Gyn. of Osh branch of the KSMICERD	KYR3 U202		Gulbara Tashieva	F	Head, Instructor, EmOC national trainer	1	N
1	18-Apr	14:20-15:00	Met	Osh FMC #1	KYR3 U202	Osh FMC #1	Suusar Akimovna	F	Osh City Maternity Coordinator	1	N
1	18-Apr	15:00-15:40	Met	On the way to Nookat	KYR3 U202, KYR3U604, KGZ03MTK	NGO "Mutakalim" Osh Branch	Jamilya Japasheva	F	Head of "Mutakalim" Osh branch	1,6	N
1	19-Apr	08:00-09:00	Met	Osh Oblast Hospital, Perinatal Center	KYR3 U201	Osh Oblast Hospital/Perinatal Center	Gulmira Kenzhebaeva	F	Chief doctor	1	N
1	19-Apr	10:10-10:50	Met	NGO "Ensan Diamond"	KYR03604	NGO "Ensan Diamond"	Jamilya Kaparova	F	Head	3,6	N
1	19-Apr	13:00-13:40	Met	Ministry of Emergency Situations, Osh Head Office	KYR03GEQ	Ministry of Emergency Situations, Osh Head Office	Nellya Ogai	F	Chief Specialist, Strategic Planning and Information Analysis Department of MES Osh	3	N

1	19-Apr	14:00-14:30	Met	Osh City Civil Status Registration Service "Osh ZAGS"	KGZ03SRS	Osh City Civil Status Registration Service "Osh ZAGS"	Svetlana Zhoroeva	F	Head	4	N
3	19-Apr	18:10-19:00	Met	NGO "Y-Peer" Osh branch	KGZ03YPR	NGO "Y-Peer" Osh branch	Fakhriddin Mirzoev, Volunteers: Ruslan, Nika	M, M, F	Head, Volunteers	2, 6	N
1	20-Apr	08:00-08:30	Met	FMC #10	KYR3 U202	FMC #10	Nuriya Mamytova	F	Chief Doctor of FMC	1	N
1	21-Apr	09:00-09:50	Met	Talas Oblast FMC	KYR3 U201	Talas Oblast FMC	Attokur Shadiev	M	Head	1	N
10	21-Apr	13:00-14:40	Met	Talas Oblast Hospital, Perinatal Center	KYR3 U201	Talas Oblast Hospital, Perinatal Center	Sharshenbek Jumushaliev, Rustam, Nurgul Mombekova, Aichurek Dzhumalieva, Burkan, Kumarkiul, Anara, Nazira, Zarina Sultanbekova, Ainura Kerikulova	M,M, F, F, F, F, F, F, F, F	Director, Deputy Director, Deputy Director, Talas Oblast Delivery Assistance Coordinator, Head of Pregnancy Pathologies Department, - , -, neonatologist, anaesthesiologist	1	N
1	21-Apr	15:00-16:00	Met	Talas Oblast Medical College	KYR3 U201	Talas Oblast Medical College	Gulzat Abirova	F	Director of Talas Oblast Medical College	1	N
1	21-Apr	19:00-21:00	Met	"Kerben Palace" Hotel Talas	KYR3 U201	Talas Oblast MHIF	Melis Tuleberdiev	M	Specialist, Former Talas Oblast FMC, Health Promotion Cabinet Doctor	1,3	N
2	22-Apr	09:00-10:30	Met	Kara-Buura rayon FMC	KYR3 U201	Kara-Buura rayon FMC	Liliya Shambetova, Diana Temirkulova	F,F	Deputy Director, Ob/Gyn.	1,2	N
4	22-Apr	10:40-12:00	Met	Kara-Buura rayon hospital	KYR3 U201	Kara-Buura rayon hospital	Nurdin Usupbaev, Nazira Kadyrova, Tamara Dolubaeva, Kulbu Aitalieva	M, F, F, F	Director/Deputy of Local Council, neonatologist, head of Delivery Department, nurse of Delivery Department	1	N

1	22-Apr	14:00-15:00	Met	NGO "Mutakalim" Talas Branch	KYR3 U202	NGO "Mutakalim" Talas Branch	Maksuda	F	Head/Member of Kazyyat	1,6	N
1	22-Apr	15:00-16:00	Met	"Kerben Palace" Hotel Talas	KYR3 U201	Private Clinic	Gulzat I	F	Ob/Gyn./Child Gyn./Former Talas Oblast FP coordinator	1	N
1	22-Apr	16:00-17:30	Met	"Kerben Palace" Hotel Talas	KYR3U603	WFP	Elena Mikhailidi	F	WFP Talas Monitoring Speciaslist/Former Talas RHAK head/Local activist	1,2	N
6	23-Apr	15:00-16:30	Met	"Urmat Ordo" Hotel Bishkek	KYR3 U201	National EPC/EmOC trainers	Damira Seksenbaeva (Bishkek Perinatal Center), Chinara Kazakpaeva (Alliance of Midwives/National Mother and Child Health Center midwife), Gulnara Dzhanabilova (Deputy Head of #3Children's Hospital), Gulnara Mamytova (Bishkek Perinatal Center #4 Ob/Gyn.), Gulnara Vaiskanova (midwife Bishkek Perinatal Center), Elmira Turkmenova (Head of Laboratory Service, National Diagnostics Center)	F, F, F, F, F, F	Damira Seksenbaeva (Bishkek Perinatal Center), Chinara Kazakpaeva (Alliance of Midwives/National Mother and Child Health Center midwife), Gulnara Dzhanabilova (Deputy Head of #3Children's Hospital), Gulnara Mamytova (Bishkek Perinatal Center #4 Ob/Gyn.), Gulnara Vaiskanova (midwife Bishkek Perinatal Center), Elmira Turkmenova (Head of Laboratory Service, National Diagnostics Center)	1	N
1	25-Apr	10:30-11:00	Met	"City Hotel" Bishkek	KYR3 U201	Kyrgyz Alliance of Midwives	Chinara Kazakpaeva	F	President	1	N
2	25-Apr	13:00-14:00	Met	UNFPA, UN House	KGZ03CDP/KYR03GEQ, KYR3U705	NGO "Center for Research of Democratic	Larisa Ilibezova, Tolkun Tulekova	F, F	Director; Director	3,6	N

						Processes"; Association of Crisis Centers					
1	25-Apr	14:20-15:00	Met	UNFPA, UN House	KYR3U705	Talas Oblast Medical Information Center	Almash Shambetova	F	Director	4,1	N
1	25-Apr	15:00-16:00	Met	UNFPA, UN House	201. 202. HUM, KYR3U706	Kyrgyz Family Planning Alliance	Baktygul Bozgorpoeva	F	Head	1	N
1	25-Apr	16:00-17:00	Met	UNFPA, UN House	UNFPA AR/ GE Focal Point	UNFPA	Meder Omurzakov	M	UNFPA AR/GE focal point	5	Y
1	25-Apr	17:00-18:00	Met	UNFPA, UN House	UNFPA PD	UNFPA	Tolgonai Berdikeyeva	F	UNFPA PD NPA	4	Y
1	26-Apr	09:00-09:40	Met	UNFPA, UN House	KYR3 U201	Republican Mortem Bureau	Juma Turgunbaev	M	Head of Republican Mortem Bureau, Pathologist	1	N
1	26-Apr	10:00-11:00	Met	UNFPA, UN House	UN Partner	WHO Regional Office	Gunta Lazdanne	F	Regional Adviser Sexual and Reproductive Health Non-communicable diseases and life-course	1	Y
2	26-Apr	11:20-12:00	Met	World Bank CO	Development partner	World Bank Kyrgyzstan	Asel Sargaldakova, Raj Balal	F, M	Senior Health Specialist, MDG5 WB Consultant	1	Y
1	26-Apr	13:10-13:40	Met	UNFPA, UN House	UNFPA Finance/Administrative	UNFPA	Akylai Apylova	F	Administrative and Finance Associate	5	Y
1	26-Apr	14:00-14:40	Met	Urmat Ordo	KYR3 U202, KYR3U604, KYR03GEQ	Republican Health Promotion Center	Jamilya Usupova	F	Chief Specialist	3	N
1	26-Apr	15:00-16:00	Met	UNICEF, UN House	UN Partner	UNCEF Kyrgyzstan	Cholpon Imanalieva	F	UNICEF Health and Nutrition Specialist	1	Y
1	26-Apr	17:00-18:00	Met	UNFPA, UN House	National FP coordinator	National Mother and Child Health Center	Elmira Maksutova	F	National FP coordinator	1	N

2	27-Apr	10:30-11:10	Met	State Agency on LSG and Interethnic Relations	KGZ03PBF	State Agency on LSG and Interethnic Relations	Bakhtiyar Saliev, Esenbek	M, M	Deputy Director, Assistant	6	N
1	27-Apr	11:30-12:30	Met	UNFPA, UN House	KYR3U706	HelpAge International	Aisulu Kamchybekova	F	Head	4	Y
1	27-Apr	13:00-13:40	Met	Secretariat of Investments and Business Development Council under the Government of the Kyrgyz Republic	KYR3U706	Secretariat of Investments and Business Development Council under the Government of the Kyrgyz Republic	Taalaibek Koichumanov	M	Head of Secretariat	4	N
1	27-Apr	14:10-14:50	Met	Results Based Financing Project, RBF Office	KYR3 U201	Results Based Financing Project of WB; Kyrgyz Ob/Gyn.,Neonatologists Association;	Arsen Askerov	M	Project Coordinator; Head	1	N
1	27-Apr	15:00-15:40	Met	UNFPA, UN House	UNFPA PBF	UNFPA PBF Projects Coordinator (Former)	Anara Ismailova	F	UNFPA PBF Projects Communications Specialist/Coordinator	6	Y
1	27-Apr	19:00-20:00	Met	SKYPE	Development partner	USAID/SPRING	Nazgul Abazbekova	F	Deputy Chief of Party, MD	1	Y
1	27-Apr	20:00-21:00	Met	SKYPE	UNFPA GE	UNFPA EECA Regional Office/former UNFPA Kyrgyzstan Staff	Nurgul Kinderbaeva	F	Programme Specialist on Gender	3	Y
1	28-Apr	11:30-12:00	Met	State Agency on Religious Affairs	KGZ03PBF	State Agency on Religious Affairs	Zakir Chotaev	M	Deputy Director	6	Y
1	28-Apr	13:00-14:00	Met	UNFPA, UN House	UN Partner	UNDP	Umutai Dauletova	F	Gender Mainstreaming Specialist	3	Y
1	28-Apr	14:00-15:00	Met	UNFPA, UN House	KYR03GEQ	Crisis Center "Shans"	Elena Tkacheva	F	Head	3	N
1	29-Apr	08:40-09:20	Met	SKYPE	Development partner	Asian Forum of Parliamentarians on Population and Development (AFPPD)	Olesya Kochkina	F	Program Specialist-Central Asia	4	Y

Annex 3 Additional CPE activities					
Number of people involved in CPE activities, 11th-29th April, 2016					
Stakeholder interviews	123				
Client exit interviews	9				
Training Follow-up Interviews	69	NB: this is overall number of people met during training follow-ups; 51 self-administered questionnaires; other people besides these 51 out of overall 69 are students in madrasahs, and female madrasah teachers who only participated in de-brief and didnot do self-administered questionnaires			
Additional Meetings					
UNFPA in-brief and de-brief	12				
ERG in-brief and de-brief	5				
UN Resident Coordinator and RC Office	2				
Total:	19				
#	Client exit interviews	Participants	Location	Date/Time	Type of Visit
1	Client-exit interviews at Osh Family Medicine Center # 1	3 women at FP Cabinet Clients (not UNFPA supported)	Osh	19th of April, 2016	Pre-natal
2	Client-exit interviews at Talas Oblast Family Medicine Center	2 women at FP Cabinet clients (UNFPA supported)	Talas City	21st April, 2016	Pre-natal
				09:00-10:00	
3	Client-exit interviews at Talas Oblast Family Medicine Center	2 women at Birth Preparedness School (UNFPA supported)	Talas City	21st April, 2016	Pre-natal
				09:00-10:00	
4	Client-exit interviews at National Center of	2 women at Birth Preparedness school participants (UNFPA supported)	Bishkek	28th April, 2016	Pre-natal

	Mother and Child Health (Maternity #6)				
				12:00-13:00	
	Total:	**9 people (Female)**			
#	**FGDs**	**Participants**	**Venue**	**Date and Time**	
1	FGD "UNFPA Birth preparedness school in Osh FMC 10"	8 pregnant women	Osh FMC Affiliate #10	20th of April, 2016	
	Beneficiaries: Participants in birth preparedness schools.			08:30-09:30	
2	FGD on "HR202-HIV"	5 women ID users	Osh,	19th of April	
	Beneficiaries: Women IDU Population		Community Center of NGO "Podruga"	16.00-17:00	
3	FGD "Happy fatherhood Campaign"	5 men, who took part in HFC activities	Talas city	21st of April 2016	
	Beneficiaries: Male participants (overall, not young fathers only)		Mayor's Office	10:00-11:00	
4	FGD "Happy fatherhood Campaign"	11 women, who took part in HFC activities	Talas city	21st of April 2016	
	Beneficiaries: Female participants (overall, not young fathers only)		Mayor's Office	10:00-11:00	
	Total:	**29 people (24 Female & 5 Male)**			
Time/date	**Training Follow-up and group de-briefs**	**Participants**	**Venue**	**Location**	
1	Training Follow-up Interviews and group debrief w participants in training on FPU202 SRH among PLHIV April 2014	5 (female) infectionists (doctors and nurses)	Osh Oblast AIDS Center,	Osh	
		5 self administered questionnaires	18th of April, 2016		
			10:00-11:00		
2	Training Follow-up Interviews and group debrief w participants in training on RH/FP in	1 (male) teacher	Nookat Male Madrasah	Osh	

	male madrasah in Nookat				
		1 self administered questionnaire	18th of April, 2016		
			16:00-17:00		
3	Training Follow-up Interviews and group debrief w participants in training on RH/FP in female madrasah in Nookat	5(female) teachers; (de-brief) **no self administered questionnaires**	Nookat Female Madrasah	Osh	
		9 (female) students (de-brief)	18th of April, 2016		
		no self administered questionnaires	17:00-18:00		
4	Training follow-up and group de-brief AIS ZAGS system	5 participants **4** **self administered questionnaires**	Osh City ZAGS 19th of April, 2016 14:30-15:30	Osh	
5	Training Follow-up Interviews and group debrief	14 people (11 female and 4 male participants)	Talas Oblast Administration	Talas	
	GE604 participants in 2-day training for Voc Ed Teachers 16-05-2014	**10 self administered questionnaires**	21st of April 2016		
			11:00-12:00		
6	Training Follow-up Interviews and group debrief w participants in training on RH/FP in male madrasah in Talas	6 male teachers (training-follow up and de-brief) **6 self administered questionnaires**	Talas Male Madrasah	Talas	
		5 male students (de-brief only)	21st of April 2016		
			16:00-17:00		
7	Training follow-up and group debrief	12 people (11 women and 1 man)	Urmat Ordo,	Bishkek	
	Republican Health Promotion Center's training on Responsible Fatherhood	**12 self administered questionnaires**	26th of April, 2016		
			15.00-16:30		
7	Training follow-up and group debrief	5 women	Ministry of Economy	Bishkek	

	PD U706 participants in basics of demographic stats for Min of Economy Staff	**5 self administered questionnaires**	27th of April 27, 2016		
	25-o6-2015;		14:30-17:30		
	Ministry of Economy for demographic prognosis;				
8	Training follow-up and group debrief	6 women	Urmat Ordo, 4th Floor	Bishkek	
	FP 202 Training on CHANNEL for Bishkek City 5 March 2015	**6 self administered questionnaires**	28th of April, 2016		
			15:00-16:00		
9	Training Follow-up Interviews and group debrief	3 women	Urmat Ordo, 4th Floor	Bishkek	
	GE604 participants in 2-day training for Voc Ed Teachers 16-05-2014 (Teachers from Vocational Lyceum # 19 in Kemin)	**3 self administered questionnaires**	29th of April, 2016		
			13:30-14:30		
	Total: 69 people (55 female and 14 male)	**out of 69, 51 are self-administered questionnaires, and the rest are students from madrasahs**			
#	**Visits to Drug Stores in Osh**	**Location**	**Date/Time**	**Contraceptives**	
1	1st Drugstore	Osh	19th April 20:00	No contraceptives, except male condoms in big variety and suppositories of one type “Pharmatex”, no IUD, no injection, no oral	
2	2nd Drugstore	Osh	20th April 09:45	Oral contraceptives of different brands and male condoms, no injections, no IUD	
3	3rd Drugstore	Osh	20th April 09:55	No oral contraceptives, no IUD, injections “Depo Provera”, and male condoms.	
#	**Additional meetings on Week 3**	**Organization/Position**	**Date/Time**	**Place**	

1	Meder Omurzakov	UNFPA AR/GE Focal point	25th April	UN House, Yellow Room	
			16:00-17:00		
2	Tolgonai Berdikeyeva	UNFPA PD NPA	25th April	UN House, Yellow Room	
			17:00-18:00		
3	Akylai Apylova	UNFPA Administrative/Finance Associate	26th April	UNFPA	
			13:10-13:40		
4	Nurgul Smankulova	UNFPA RH NPA	28th April	Urmat Ordo	
			19:00-21:00		
5	Alexander Avanessov	UN RC	28th April	UN RC Office	
			10:00-10:30		
6	Elmira Shishkaraeva (UNDP), Kuban Monolbaev (WHO), Cholpon Asambaeva (GIZ)	ERG members	29th April	UNFPA	
			11:30-12:30		

Annex 3	Monday	Tuesday	Wednesday	Thrursday	Friday	Saturday	Sunday
Time/Date	**April 11th**	**April 12th**	**April 13th**	**April 14th**	**April 15th**	**April 16th**	**April 17th**
09:00	09:00-10:00 UNFPA in briefing – Overview Place: Yellow room, UN house	09:00-10:00 IP2 RHA (G.Ch./Exe.Dir.) U202, HUM Place: RHAK, Kievskaya 55/Tynystanova	09:00-11:00 NSC STAT U705/706 (A.O./Chairperson; G.A., G.S., J.R., L.T., Ch.T., A.J., K.K., L.T., R.Ch., K.O.) Place: NSC, Frunze/Togolok Moldo, 3rd floor	09:00 KSMI Technical/Policy KSMICERD, T.Ch./Director; I.B./Asst. Chair/FM MOH U202 FP Place: KSMI, 144A Bokonbaev St.	09:00 Kyrgyz Alliance of Midwives (T.P./Skype) Place: UNDP conference room	09:00-10:50 FP trainers Erkinai Moldoakmatova; Mamytova Bakhtygul; Dalbaeva Batma;	07:30 AM Departure to Southern Sites Air Manas airlines 08:10 Arrival to Osh
10:00	10:00-12:00 ERG in-briefing Place: Yellow room, UN house	10:00-10:40 MoH/EBMDpt (B.B./Head) KYR3 U201 Place: RHAK, Kievskaya 55/Tynystanova		10:20-11.00 Chair of OB/Gyn.Dept., KSMA, KYR3 U201, (M.M./Head) Place: Perinatal Center #4 Suerkulova 1A	10:30 IP6FTI NGO PBFKGZ03FTI (T.S./Accnt; G.T./Former stf.) Place: Umetalieva street, 27/36 (Tokt./Sydyk.)	11:00-12:00 MoH U201/U202 HC Dept. (A.B./Head; R.A./Chief Spt.Gin.) Place: MoH, Togolok Moldo/Moskovskaya Room 29	Rest and data synthesis
11:00		11:00-12:00 IP3 MTK "Mutakalim" (J.F./Dir.) U604 Place: Yellow room, UN House	11:20-12:00 HUM/MES (C.C. & one more/RH Chief Spt.) Place: Yellow Room, UN House	11:30-12:10 Dr.Gelmius Suipsinskas PM and SRC CC Kyrg. Place: SRC Office, Sydykova 187/1	12:00 Bolot Amanbaev, MES U202 Place: 142		**Ministry Counterparts UNCT/Donor Counterparts Implement Partners FGDs Training Follow-up and Client Exit Interviews**
12:00	**Team lunch 12:00-12:40**	**Team Lunch 12:00-12:40**	**Team Lunch 12:00-12:40**	**Team lunch 12:10-12:50**	**Team Lunch 12:30-13:00**	**Team Lunch 12:00-13:00**	**Team Lunch 13:00-14:00**
13:00	13:00-13:50 UNFPA PBF Area (U.K./PSt) Place: Yellow room, UN house	13:00-13:50 UNFPA Youth Area (A.T./YA PSpt) Place: Yellow room, UN House	13:00-13:40 SRS (D.D./Dpty.Chrprsn) STAT U705/706 Place: 210 Orozbekov Str.	13:00-13:40 MDG 5 Acceleration (A.E//Govt office) Place: Yellow Room, UN House	13:00-13:40 GIZ (C.A./Team L.) Place: GIZ, Bokonbaeva str.220		

14:00	14:00-14:50 UNCT RC & UNCT RCOCr (A.A./RC,J.R.) Place: UNRC office	14.00-14:40 UNFPA PD Area (T.B./PD PO) Place: UNFPA, UN House	14:10-14:40/14.50 IP 6 NGO "Tais Plus" (Sh.I./Director) KYR3 U202 Place: 36a Panfilov St.	14:10-14:50/15:00 (MHIF) Mandatory Health Ins. Fund U201/U202 (M.K./Dpty Hd; J.A./Head of HIprgs, SBPD) Place: MHIF, Chui 122, 3	14:00-15:00 Swiss Embassy E.M./SPO at Swiss Emb. MHC Place: MoH Central Library		
15:00	15:00-15:55 Security briefing Place: Office of UNDSS. Ground floor, UN House	15:00-16:00 SRHDpt at KSMICERD (C.S./ one more RSHC Head) U201 MNB Place: KSMI, 144A Bokonbaev St.,5/505	15:00 Ministry of Labor and Social development- Nurgul Bakirova, Gender Policy Dept. Place: MLSD, Tynystanova /215	15 :30-17 :00 FREE	15:30-16 :30 MoH/RMIC (L.M./Head;A.M./Dty.Hd; (A.M, O.K/; B.S./) U 202 Place: RMIC		
16:00	16:00-16:55 UNFPA GE Area (N.S./GE&PD PO) Place: Yellow room, UN house	16:30-17:30 UN Women (G.G./E.R.) Place: UNWO, 144 Koenkozov Str.,	17:00-18:00 IP5 NGO "Y-Peer" KGZ03YPR (G.S.&D.A./Exe.Dir.) Place: Y-Peer, (Chui 230/Fuchik 9/901)		17:00 WHO (K.M./PHO) Place: WHO, UN House		
17:00	17:00-18:00/etc. UNFPA SRH/HIV Area (N.S./RH PO; C.E./HIV PO) Place: Yellow room, UN house			17:00-18:00 UN PBF Secretariat Nasra Islan, Claudio Alberti Place: PBF, 109/1, r.502, Turusbekov Street			

	Monday	Tuesday	Wednesday	Thrursday	Friday	Saturday	Sunday
Time/Date	**April 18th**	**April 19th**	**April 20th**	**April 21st**	**April 22nd**	**April 23rd**	**April 24th**
09:00	09:00 U2011. Osh Oblast AIDS Center E.N./B.A Place: Osh AIDS Cenetr, Mominova 10	08:00-09:00 U201: Osh oblast Hospital , - EmOC, EPC (G.K.) Place: Osh Oblast Hospital and Maternity Center, Krasnoflotsk.22	08:00-08:30 Chief Doctor of FMC #10, (N.M.) 08:30-09:30 Focus Group Discussion Osh FMC # 10 Participants in birth preparedness schools	09:00-09:50 U201: Talas oblast FMC (Sh.A.) Presentation prepared by former FP coordinator (currently with private sector) 09:00-09:50 2 Client-exit interviews with Talas OFMC FP Cabinet Clients 2 Client-exit interviews with Talas OFMC Birth Preparedness School Clients	09:00-10:30 U603: Karabuura FMC YFHS, Birth Preparedness School, FP Cabinet 08:00- 13:00 (L.Sh./D.Ob/Gyn Doctor)	Travel to Bishkek from Talas 08:00- 13:00 (5 hours)	
10:00	10:00-11.30 Training Follow-up Interviews and group debrief w participants in training on FPU202 SRH among PLHIV April 2014. 5 people (infectionist doctors, infectionist nurses from Kizil-Kiya, Uzgen, Nookat and Osh city)	09:10-10:00 U202: Osh FMC # 1 FP cabinet & Birth preparedness school (non UNFPA supported) 3 Client-exit interviews	09:30-10:00 Visit to 3 drug-stores (contraceptives) 10:00-19:00 Travel to Talas from Osh by UNFPA car (9 hours)	10:00-12:00 U604: Health promotion Centers, Talas City Administration and GEQ: Happy fatherhood campaign FGD (male HFC participants) FGD (female HFC participants) Training Follow-up Interviews and group debrief with GE604 participants in 2-day training for Voc Ed Teachers 16-05-2014 & other trainings' participants	10:40-12:00 Kara Bura Hospital/Maternity Center (U.N.; Tamara, Kulbu, Neonatologist)		
11:00		10:10-10:50					

		Insan Diamond Jamilya Kaparova, together with CRDP and Osh Mayor's Office Place: Lenina 209 /108 11:00-13:00 Work on training-follow-up and FGD forms at Sunrise Hotel					
12:00	**Team Lunch**	**Team Lunch**	**Team Lunch**	**Team Lunch**	**12:00-13:00 Driving to Talas city from Karabuura/ 13:00-14:00 Lunch**	**Team Lunch**	
13:00	13:20-14:00 Osh Branch of Kyrgyz State Medical Institute for CE and RD, Ob/Gyn. Dept. assistant U 202 (G./T.)	13:00-13:40 UHUM: Ministry of Emergency Situation,- MISP (N.O/Member of Gender Comm.; PBF contact)		13:00-14:40 Talas Oblast Hospital/Talas Oblast Perinatal Center (Sh.J.; N.M.; A.K.; A.J.; Kumar; Z.S.; another male deputy director; neonatologist)			
14:00	14:20-15:00 Osh FMC #1, Deputy Coordinator on Maternity (S.A.)	14:00-14:30 Head of Osh ZAGS (S.J.) 14:30-15:30 PD705: SRS on-the-job trainings on use of AIS-ZAGS software in 2014 Training Follow-up Interviews and group debrief with 6 participants in D703SRS 04-23-12-2014 Training (on the job) Place: Osh ZAGS, Kurmanjan Datka 211			14:00-15:00 Talas branch of "Mutakalim"(Maksuda, head)		
15:00	15:00-15:40 PBF: Madrasah teacher Branch of NGO "Mutakalim"			15:00-16:00 U201Talas Medical College EmOC for Midwives/resource center (G.A., Director)	15:00-16:00 Former Talas OFMC FP Coordinator/Currently Ob/Gyn in private clinic (G.I.)	15:00-16:00 National EPC&EmOC trainers (D.S.; G.V.; G.Dzh.; A.K.; G.M.; E.T-lab.servic) Place: Urmat Ordo	
16:00	16:00-17:00 Nookat visit to male madrasa Training follow-up on RH & FP, for madrasah teachers	16:00-18:00 FGD with 5 female IDU Community Center of NGO "Podruga" Gagarina 269B, 19		16:10-17:30 Madrasah teacher Branch of NGO "Mutakalim" (teachers) Training Follow-up Interviews and group debrief w 5 male teacher participants in 4-day training for LSG, religious and community leaders on RH;			

				Debrief with 5 male students of Talas males madrasah			
17:00	17:00-18:00 Nookat visit female madrasa, Training follow-up on RH & FP, for madrasah teachers						
18:00	18:40 Returning back to Osh city	18:10-19:00 U604 NGO Y-PEER (Forum theater) (F.M./N./R.) Place: Y-Peer Office in Osh					
19:00				19:00-21:00 (Former Talas Oblast FMC Health Promotion Cabinet Doctor, present works at MHIF) Mels			

	Monday	Tuesday	Wednesday	Thrursday	Friday	Saturday
Time/Date	**April 25th**	**April 26th**	**April 27th**	**April 28th**	**April 29th**	**April 30th**
09:00		9:00-09:40 Republican Mortem Bureau (J.T.) Place: UN House	09:00-10:00		08:40-09:20 SKYPE Ms. Olesya Kochkina, AFPPD	Sam Clark Departure to Istanbul 07:40 AM
10:00	10:30-11:00 Kyrgyz Alliance of Midwives (Ch.K.) Place: City Hotel	10:00-11:00 Gunta Lazdanne, WHO Place: UN House	10:30-11:10 State Commission on Local Self-Government bodies (S.B.; Esenbek) Place: Agroprom	10:10-10:40 UN RC (S.C.; M.O.)		
11:00		**11:20-12:00** WorldBank (A.S./R.B.) Place: WB Office, 214 Moskovskaya str,	11:30-12:30 HelpAge International (A.K.) Place: UNFPA Office Yellow room	11:30-12:00 State Commission on Religious Affairs (Z.Ch.) Place: Agroprom	11:30 – 12:30 Debriefing with ERG (C.A.; E.Sh.; K.M.)	
12:00	**Lunch** **12:00-12:50**	**Lunch** **12:00-13:00**	**Lunch** **13:00-14:00**	**12:00-13:00** National MNB Center, Perinatal Center # 6, 2 client exit interviews (UNFPA birth preparedness school, NMNBC)	**Lunch**	
13:00	13:00-14:00 Association of Crisis Centers IP4 CDP - NGO "CRDP" (T.T.-ACC/Head & L.I.-"CRDP"head)PU0074 Place: UN House, Yellow Room	13:10 -13:40 Akylai Apylova UNFPA Administrative and Finance Associate Place: UNFPA	13:00-13:40 Mr. Talaibek Jumashevich Koichumanov, PD Place: Secretariat Office, Chui 219	13:00-14:00 UNDP, Gender Spt. Umutai Dauletova Place: UNFPA, Yellow Room		
14:00	14:20-15:00 U705: Talas Oblast Medical Information Center (A.Sh.) Place: UN House, UNFPA Yellow Room	14.00-14:40 Usupova J.E. NHPC (J.U./HP Specialist) mob.0558129110 Place: Urmat Ordo	14:10-14:50 Arsen Askerov Place: RBF, WB, RMIC building	14:00-15:00 Crisis Center "Shans" (E.T.) Place: UN House, UNFPA Yellow Room	13:50-15:00 Training-Follow up and debrief Voc.ed 19 (Z.D.; G.Dj.; G.J.;)	

15:00	15:00-16:00 IP1 KFPA (B.B./Head) 201. 202. HUM Place: UN House, UNFPA Yellow Room	15:00-16:00 Training Follow-up and debrief w 3GEQ participants in Health Promo Center training on module for resp fatherhood. 29-5-2015 Place: Urmat Ordo 15:00-16:00 UNICEF (Ch.I./Health Specialist) Place: UNICEF, UN House	15:00-15:40 PBF Anara Ismailova Place: Yellow Room, UN House	15:00-16:00 Urmat Ordo Training Follow-up and debrief w FP 202 Training on CHANNEL for Bishkek City 5 May 2015 (A.R.; G.S.; G.M.; B.K.; G.I.;G.T.) Place: Urmat Ordo		
16:00	16:00-17:00 Meder Omurzakov UNFPA AR		16:30-17:30 Training Follow-up and debrief w PD U706 participants in basics of demographic stats for Min of Economy Staff 25-o6-2015; Ministry of Economy & Ministry of Economy for demographic prognosis; (J.O.; Ainura; Z.B.)	16:00 -19:00 Synthesis of findings/preparation for Out-brief/debrief	16:00-18:00 Debriefing with UNFPA staff	
17:00	17:00-18:00 Tolgonai Berdikeeva UNFPA PD	17:00:18:00 National FP Coordinator Elmira Maksutova The National Maternal and Child Center , tertiary level Place: Yellow Room, UN House				
18:00			19:00-20:00 Nazgul Abazbekova USAID/SPRING **SKYPE**	19:00-21:00 Nurgul Smankulova RH NA		
19:00			20:00-21:00 Nurgul Kinderbaeva UNFPA GE NA (Former) **SKYPE**			

Annex 4. Alignment of Kyrgyzstan 2012-2016 CPAP with IRF of SP 2014-2017

UNFPA Goal: The achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality. **UNDAF Pillars:** Peace and Cohesion, Effective Democratic Governance, and Human Rights, Social Inclusion and Equity, and Inclusive and Sustainable Job-Rich Growth for Poverty Reduction.					
SP 2014-2017 Outcomes	**Existing CPAP Outputs**[MO1]	**CPAP outputs aligned with SP IRF**	**Output indicators, baselines and targets**	**Partners**	**Indicative Resources USD per year**
OUTCOME 1: Increased availability and use of integrated sexual and reproductive 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 **Outcome 1 indicators** Contraceptive prevalence rate Percentage of countries in which at least 80% of live births are attended by skilled health personnel	**CPAP OUTPUT 1:** Capacity of health institutions is strengthened to provide quality maternal and newborn services Atlas code:KYR3U201 <u>Existing Indicators:</u> 1. The number of new reproductive health guidelines and protocols is developed and implemented Baseline: 0 Target: 10 2. CEMD report with recommendations is available in the country Baseline: 0 Target: 1	**CPAP OUTPUT 1 aligned to SP OUTPUT 3** Increased national capacity to deliver comprehensive maternal health services Atlas code:KYR3U201	1.The number of new reproductive health guidelines and protocols are developed and implemented Baseline: 5 Target: 10 2.Two CEMD reports with recommendations are available in the country (SP indicator 3.4) Baseline: 1 Target: 2	MoH WHO GIZ NGOs	US$ 273,715.00
	CPAP OUTPUT 2: Strengthened RHCS system in the country Atlas code:KYR3U202	**CPAP OUTPUT 2 aligned to SP OUTPUT 2** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and	1.The forecasting system for reproductive health commodities is available (SP indicator 2.1) Baseline: 6 regions Target: 8 regions	MoH (The Republic Medico- Information Center, the Drug Supply department, The Republic Health Promotion Centre)	US$ 182,477.00

	Existing Indicators: 1. The forecasting system for reproductive health commodities is available and operational at UNFPA sites Baseline: 1 Target: 7 2. The number of healthcare providers trained on family planning Baseline: 100 Target: 300	improve quality family planning services that are free of coercion, discrimination and violence Atlas code:KYR3U202	2.The number of healthcare providers and community members trained on family planning human rights protocols (SP indicator 2.2) Baseline: 0 Target: 200 by the end of CP	WHO GIZ UNICEF NGOs	
		CPAP OUTPUT 3 aligned to SP OUTPUT 5 Increased national capacity to provide sexual and reproductive health services in humanitarian settings Atlas code:KYRO3HUM	1. The number of healthcare providers and stakeholders trained on MISP (SP indicator 5.1) Baseline: 150 Target: 450 by the end of CP	MoH UN Agencies NGOs Red Cross/Red Crescent	US$ 50,688.00
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 **Outcome 2 indicator(s):** Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to SRH services	**CPAP OUTPUT 3:** **(Atlas code: KYR3U603)** Strengthened capacity of national institutions to provide youth-friendly services on SRH and HIV Existing Indicator(s): 3.1. The number of service delivery points offering youth friendly health services on SRH and HIV Baseline: 3 (1 in urban areas, 2 in rural areas) Target: 20 (8 in urban areas, 12 in rural areas)	**CPAP OUTPUT 4 aligned to SP OUTPUT 6 and 7** 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. Atlas code: KYR3U603	1. Adolescent and youth SRH issues are included in the national laws, programs and strategies (SP indicator 6.2) Baseline: 1 national policy (National RH Strategy till 2015) Target: 2 national policies 2. Number of vocational schools with integrated HLS curricula aligned with international standards on sexuality education (SP indicator 7.1) Baseline:22% (24 vocational schools) Target:100% (110 vocational schools)	Government; Ministry of Health; Ministry of Education and Science; Ministry of Labor, Migration and Youth; Youth NGOs	US$ 55,600

	CPAP OUTPUT 4: **(Atlas code: KYR3U604)** Improved awareness, attitudes and behaviour of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities. <u>Existing Indicator(s):</u> 4.1. The number of vocational schools integrating comprehensive sexual and reproductive health education into their curricula Baseline: 0 Target: 110 (in urban and rural areas) 4.2. The number of BCC materials for young people is produced Baseline: 3 – 2011 Target: 7 – 2016				
OUTCOME 3: Advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth. **Outcome 3 indicators:** Number of countries with gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations	**CPAP OUTPUT 4 (KYR3U604):** Improved awareness, attitudes and behaviour of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities.	**CPAP OUTPUT 5 aligned to SP OUTPUT 9.** Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. Atlas code: KYRO3GEQ	1. Reproductive rights are integrated into the NAP on gender equality; (SP indicator 9.2) Baseline: No Targets: Yes 2. Functional National Coordination Mechanism as result of UNFPA guidance and leadership exists; Baseline: No Target: Yes	Ministry of Social Development (in the capacity of Gender machinery), MoH, MIA, LSGs, Ministry of Justice, NGOs	US$ 102,750.00

OUTCOME 4: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality. **Outcome 4 indicators** Number of countries that had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years) Number of countries that have collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)	**CPAP OUTPUT 5:**Enhanced national capacity for the production, analysis and dissemination of statistical data on population dynamics, youth, maternal health, SRH and GBV. **Atlas code:**KYR3U705 Existing output indicators: INDICATOR 5.1 Number of persons trained through UNFPA support in the production, utilization and dissemination of statistical data Baseline: 2011- 115 Target: 2016- 200 people trained in the third programme cycle INDICATOR 5.2 Number of publication materials published with the support of UNFPA Baseline: 2011- 4 Target: 2016- 15	**CPAP OUTPUT 6 aligned to SP OUTPUT 12** 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). **Atlas code:**KYR3U705	1. Number of databases with population-based data accessible by users through web-based platforms; (SP indicator 12.2) Baseline: 2013-0: Target: 2017-1 2. Number of persons trained through UNFPA support in the production, analysis and dissemination of statistical data; (SP indicator 13.3) Baseline: 2013-296 Target:2017- 500	NSC, State Registry Service, Ministry of Economy, NGOs International organizations	US$ 110,000.00
	CPAP OUTPUT 6: 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).	**This output was deleted and integrated with newly aligned CPAP OUPUT6**			

	Atlas code:KYR3U706 Existing output indicators: INDICATOR 6.1 Number of new policies/strategies around population dynamics and population issues Baseline: 2011-0 Target: 2016-2 INDICATOR 6.2 Number of persons trained by UNFPA on data analysis, evidence-based planning and policy formulation Baseline: 2011-2 Target: 2016- 15				
Organizational Effectiveness and Efficiency					
		Output 1: Enhanced program effectiveness by improving quality assurance, monitoring, and evaluation	**Output indicators** The country programs is rated as "good" performer; (SP indicator 1.2) Baseline: Good Target: Good every year Results-based management tools and principles are applied in the country office; (SP indicator 1.3) Baseline: yes Target: yes Country program indicators are dully collected and monitored; (SP indicator 1.5) Baseline: yes Target: yes	Country office staff, RO, SRO	

		Output 2: Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management	**Output indicators** Implementation rate for regular resources; (SP indicator 2.4) Baseline 97% Target: 97% Percentage of total operating fund account advances that are overdue; (SP indicator 2.6) Baseline: 0% Target: 0% Percentage of regular program resources expended on Outcome 1; (SP indicator 2.12) Baseline: 50% Target: 66%	Country office staff, RO, SRO	
		Output 3: Increased adaptability through innovation, partnership and communications	**Output indicators** Partnership plan is developed and implemented; (SP indicator 3.1) Baseline: no Target: yes Contribution in kind provided to the resident coordinator system; (SP indicator 3.4) Baseline: yes Target: yes	Country office staff, RO, SRO	

Annex 5. Generic Template for Analysis Matrix for Kyrgyzstan CPE

Population and Development Component:

UNFPA Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality

UNFPA SP Outcome 4. Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, sexual and reproductive health (including family planning), and gender equality.

PD ATLAS Code: KYR3U705

CPAP Output 6: 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).

Overall CPAP Output 6 indicators:

> **Indicator 1:** Number of databases with population-based data accessible by users through web-based platforms; (SP indicator 12.2) Baseline: 2013-0 Target: 2017-1
>
> **Indicator 2:** Number of persons trained through UNFPA support in the production, analysis and dissemination of statistical data; (SP indicator 13.3) Baseline: 2013-296 Target: 2017-500

Key Activity Analysis Matrix by Evaluation Criteria – NB: This is a hypothetical example for PD. Activities shown are not actual.

Key PD Activities (Sub-set of all activities) Not available (NA)	Relevance	Effectiveness	Efficiency	Sustain-ability	UNCT coordination	Added Value	Recommendations, Comments on Best Practices
1.PD: Activity 01 Advocacy & awareness on ICPD							
1.1 PD 2012							
1.2 PD 2013							
1.3 PD 2014							
1.4 PD 2015							
1.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
2. PD: Activity 02. Secondary data analysis							
2.1 PD 2012							
2.2 PD 2013							
2.3 PD 2014							
2.4 PD 2015							
2.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
5. PD: Activity 05. Dev. stat.regulatory framework							
5.1 PD 2012							
5.2 PD 2013							
5.3 PD 2014							
5.4 PD 2015							
5.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
6. PD: Activity 06. Monitoring and Evaluation activities "Field Monitoring Visits of the CO staff to the project sites.							
6.1 PD 2012							
6.2 PD 2013							
6.3 PD 2014							
6.4 PD 2015							
6.5 PD 2016	NA	NA	NA	NA	NA	NA	NA

Annex 6 Data Collection Instruments

UNFPA Kyrgyzstan CP Evaluation

Stakeholder Interview Questionnaire

This questionnaire is intended for a full range of stakeholders:
(Ministry counterparts, Implementing partners, Donors, NGOs, and UN agency staff)

Draft 0.2

10 April 2016

Introduction: Thank you for agreeing to meet with us today. Our names are Sam Clark and Mehrigiul Ablezova. We are evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA CP for 2012- 2017. This project began in 2012 and the program has been implemented in collaboration with Kyrgyzstan Ministries and a wide range of other stakeholders.

Goals and objectives of the Survey: After more than four years since the beginning of the project, now that many of the components have been implemented, this evaluation will

a) Assess, as systematically and objectively as possible, the following six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team Coordination, and added value.

b) Assess the achievements of the project against its 4 outcomes and 6 outputs, and the future needs of Kyrgyzstan for Sexual and Reproductive Health (SRH), Youth SRH, Gender Equality (GE) and Population and Development (PD).

c) Develop a document that will help key stakeholders, including UNFPA Kyrgyzstan, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

Ground Rules: This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

1. **Date and Location of Interview:__Day__Mo__Year Location of Interview:_____**
2. **Name:**
3. **Contact information for clearance**:
4. **Position and Organization:**
5. **Position with respect to policy:** Does the respondent work at a level where he/she has an understanding of national donor policy issues? **Circle one:** Yes No.
6. **Number of years has worked in this position**: _____**Years**

7. **Confirmation that respondent knows what the UNFPA CP is** and what is has done in at least one of the four Outcomes shown below. Validate this by asking them to briefly describe the outcome they are most familiar with and any examples of specific activities UNFPA is supporting in this area. **Circle one:** i) Little ii) Some iii) Well informed

8. **Which of the following four outcomes outputs are you most familiar with?**
   Circle the one most familiar with.

Outcome 1. Reproductive Health and Rights: 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.

Outcome 2. Adolescent Sexual and Reproductive Health: 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.

Outcome 3. Gender and Gender Based Violence: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4. Population and Development: 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.

Evaluation Component I: ANALYSIS BY FOCUS AREAS

Introduction "You have said that you are most familiar with Outcome [mention the outcome or outcomes they are most familiar with]. We would like to ask some questions about this particular outcome/ these particular outcomes and the UNFPA Country Program (CP) as a whole.

If you feel the question is too general or is at a policy level you are not comfortable with, this is not a problem. We will skip to the next question."

9. Relevance

NB: The following questions apply to all 4 Focus areas.

Question 9a: (EQ 1.A). To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?

Question 9b: (EQ 1.B.) To what extent is the current programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs and how well has it been aligned to the objectives set out in the UNDAF?

UNFPA Policies/Strategies Fully reflective, Partially reflective, Not reflective

ICPD Program of Action Fully reflective, Partially reflective, Not reflective

MDGs Fully reflective, Partially reflective, Not reflective

Objectives of the UNDAF? Fully reflective, Partially reflective, Not reflective

10. Effectiveness

NB: These questions (10 a – 10c) apply to all 4 Focus areas.

Question 10a. (EQ2A) Were the CP's intended outputs and outcomes achieved? If so, to what degree? Before proceeding with this question, confirm that respondent is familiar with at least SP outcome. Paraphrase: Were the desired results achieved? If Yes, to what degree?

Outputs Fully achieved Partially achieved Not achieved at all

Outcomes Fully achieved Partially achieved Not achieved at all

Question 10b. (EQ 2.B.) To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? NB: The "output" can refer to any specific UNFPA supported activity the respondent is familiar with that fits within the SP outcome the respondent is most familiar with.

Outputs Fully contributed Partially contributed Not contribute at all.

Outcomes Fully achieved Partially achieved Not achieved at all

Question 10c. (EQ2C) What were the constraining and facilitating factors and the influence of context on the achievement of results? Paraphrase: What helped in achieving results in general? Were there any constraints/barriers in achieving these results?

Constraining Factors

Facilitating Factors

Influence of context

11. Efficiency

NB: These questions apply to all 4 Focus areas

Question 11a. (EQ3.A) Were the outputs achieved reasonable for the resources spent?

Paraphrase 1. For the resources spent, were the outputs achieved reasonable?
Paraphrase 2. Could more results have been produced with the same resources?
Paraphrase 3. Were resources spent as economically as possible?

Yes/No/Partially

Please explain your answer:

Question 11b. (EQ 3.B) Could different interventions have solved the same problem at a lower cost?

Yes/No/Partially

Please explain your answer:

12. Sustainability

NB: These questions apply to all 4 Focus areas

12 a. (EQ 4.A) Are programme results sustainable in short perspectives (<=5 years)?

12b (EQ 4.B) Are programme results sustainable in long-term perspective (>5 years)?

12c (EQ 4.C). Did UNFPA Kyrgyzstan ensure sustainability of its programme interventions? Yes or No.

12d (EQ 4.D). If yes to 12.C. How UNFPA Kyrgyzstan did ensure sustainability of its programme interventions?

12e (EQ 5). Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Component II: ANALYSIS OF UN Country Team coordination and UNFPA added value.

NB: These questions should only be posed to senior and mid-level level staff who are familiar with UNCT and national level donor development policy level matters.

13a (EQ6.A.) To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms to implement the UNDAF?

13b. (EQ6.B.) To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?

13c. (EQ6.C) Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

14. Added Value

14a (EQ7.A.) What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN Agencies?

14b (EQ7.B.) Are these strengths a result of UNFPA corporate features or are they specific to the CO features?

Training Follow-up Questionnaire Draft 0.1 – 31 March 2016 Preliminary – Do not distribute

Introduction: Explain purpose of interview as part of evaluation of the UNFPA Country Program. Explain that the interview is voluntary and confidential; no data will be linked to them. **Do not write name.**

1. Unique Questionnaire ID Number: ___/___ **2. Date: dd/mm/yr** **3. Name of interviewer:**	**4. Location of Interview** (Name Office and Town)
5. Normal place of residence: **6. Normal place of employment:**	**7. Sex: Male/Female** **8. Age:**

9. Category of trainee: (Indicate background, for example, Family Dr, GP, Nurse, Peer Educator, Police, Ministry official, Other:

10. If nurse or doctor: Level of Medical training completed_____

11. For Peer Educator or other: Educational level completed:
Less than Secondary, Secondary, college, post graduate.

12. What type of training did you receive? (NB: Probe to be sure it was funded through the UNFPA Program)
Circle one from the following list of trainings:
3U201 RH
3U202 FP
3U404 Gender
3U602 Youth
3U705 Pop/Demog/Research
(NB: This list is just a preliminary example to be expanded)

13. Was this training useful to you? Yes No (Please explain)

14.a. Did you gain new information? Yes No (please explain)

14.b. Did you gain new skills? Yes No (please explain)

15. What did you find the least useful from this training? _____

16. Did the training have any relevance for your daily work? If yes how?

17. When you returned to work from your training, were you able to apply the knowledge and skills from your training on a regular basis? Yes or No. Explain your answer._____

18. Did the training program encourage you to take actions when back to work? Yes/No
If so, what action taken._____

19. Was there any post-training support by the UNFPA program? If Yes, Explain. _____
If no, do you think that is important? _____
If Don't know, code 8 for not applicable.

20. Did you find the training improved the quality of your performance on the job? Yes/No.
Explain_____

21. Would you want to have additional training, (not just the training you had) but for any other aspect of your work? Yes or No.
22. If yes, what kind of training would be most beneficial for you now? _____

23. If no, why not? _____

Please Turn Over!

24. For Family Medicine Doctors, General Practitioners (GPs), Ob/Gyns, and Nurses:
Do you currently provide FP and other RH services? Yes/No.

If yes, how many days in the last month? ____

On average, how many hours do you provide these services per day? ____

On average, how many clients do you work with on a given day? ____

25. For peer educators:
Do you currently provide peer educator services? Yes/No.

If yes, how many days in the last month? ____

On average, how many hours do you provide these services per day? ____

On average, how many youth do you work with on a given day? ____

Thank you for your assistance!

Анкета	
1. Номер анкеты: ___ /___ **2. Дата : дд / мм / год:_____** **3. Имя интервьюера:_____**	**4. Место проведения интервью_____**
5. Место жительства: _____ **6. Место работы:_____**	**7. Пол: Мужской/Женский** **8. Возраст:**
9. Напишите точное название должности: **_____** **10. Если медсестра или врач: уровень медицинской подготовки-специализация** **_____** **11. Уровень образования:_____**	
12. Какой тип обучения/тренинга вы получили? **SRHPLHIV (СРЗ для лиц с ВИЧ)** **RH (Репродуктивное здоровье)**	
13. Был ли этот тренинг полезным для вас? Да/Нет **Пожалуйста, объясните:_____** **14.a.Узнали ли Вы что-то новое? Да/Нет** **Пожалуйста, объясните:_____** **14.b. Приобрели ли Вы новые навыки? Да/Нет** **Пожалуйста, объясните:_____** **15. Что было наименее полезным для вас на этом тренинге?** **_____** **16. Соответствовало ли обучение на тренинге вашей повседневной работе? Да/Нет** **Если да, то каким образом?_____** **17. Когда вы вернулись на работу с данного тренинга, могли ли вы регулярно применять полученные знания и навыки в вашей повседневной работе? Да/Нет** **Пожалуйста, объясните свой ответ:_____** **_____**	

18. Воодушевил ли вас тренинг предпринять действия, когда вы возвратились на работу?

Да/Нет

Если да, то какие меры были приняты_____

19. Была ли оказана какая-либо поддержка после тренинга программой ЮНФПА?

Да/Нет

Если да, объясните: _____

Если нет, то была ли такая поддержка важна? _____

20. Считаете ли вы, что обучение повлияло на качество вашей работы?

Да/Нет.

Пожалуйста, поясните ответ:_____

21. Хотели ли бы Вы принять участие в тренингах по другой тематике, (отличной от той, в которой вы приняли участие), относящейся к вашим должностным обязанностям.

Да / Нет.

22. Если да, то какая тема была бы для вас наиболее полезной?

_____

23. Если нет, то почему?_____

24. Для врачей и медицинских сестер: Оказываете ли вы услуги по планированию семьи и репродуктивному здоровью в настоящее время?

Да/Нет

Если да, то сколько дней в прошлом месяце?_____

В среднем, сколько часов в день вы оказываете такие услуги? _____

В среднем, сколько клиентов в день вы обслуживаете? _____

25. Обучаете ли вы кого-либо по тематикам планирования семьи и репродуктивного здоровья в настоящее время?

Да/Нет

Если да, то сколько дней в прошлом месяце?_____

В среднем, сколько часов в день вы обучаете людей по данной тематике? _____

В среднем, сколько слушателей в день вы обучаете? _____

Client/Beneficiary Questionnaire (Draft 0.1 – Do not distribute) 31 March 2016

Informed Consent Statement for Client/Beneficiaries

Hello, my name is (**name of interviewer**). We are here to learn about the quality of the counselling, information and services you have received from [**Name of Institution in location… Kyrgyzstan**]. We are conducting interviews with people like you who have received services from [**Name of Institution in Kyrgyzstan**]. If you agree to participate, we would ask you a few questions about your experience with [**Name of Institution**].

Before I ask you any questions we are required to explain some important ground rules for our interview. Any answers you wish to give are completely **CONFIDENTIAL**, meaning that no one other than me and my colleague will be able to see your answers. Your name and address will **NEVER** be associated with the answers you give. You have every right to refuse to participate in this interview. Whether or not you choose to answer questions will not affect the services you receive from [**Name of Institution**] in any way. If you do agree to answer questions for this evaluation, you may still refuse to answer any question or stop answering questions altogether.

Interviewer Probe: Do you understand what I have just explained to you? Circle one: Yes/ No.

If no, what do you not understand? [Provide explanations as needed]

Do you now understand what I have just explained to you? Interviewer to Circle one: Yes/No

If no, Thank respondent and discontinue interview.

If yes, Do you agree to be interviewed? Interviewer to Circle One: Yes/No

_____ _____

Signature of Interviewer **Date (dd/mm/yyyy)**

Witness (co-interviewer or translator)

Questions for <u>all</u> client/beneficiaries	
Q1. Name of Interviewer : **Q2. Date (dd/mm/yyyy):** **Q3. Unique Interview Number:___ ___ ___**	
Q4. Sex: Male/Female **Q5. Age: <18, >18 and <30, >=30 (circle one)** **Q6. Name of UNFPA supported agency or facility:** **_____**	**Q7. Type of agency: (Maternity Hosp, PHC, other?)** **Circle one** **Q8. Sector: (Government, Private, NGO, Other)** **Circle one**
Q9. Educational level of person interviewed: **< secondary, secondary, college, post graduate**	**Q10. Location of Interview: Town, District Name** **Q11. Rural, Urban**
Q12. Current employment if any:	**Q13. Region:**
Q14. Types of services received: What types of services have you received from this agency? (List types of services, such as counselling, education, referrals, support etc.)_____ **Q15. Additional services recommended: Q15.A.** Are there additional services that you feel this agency should provide? **Q15.B.** If yes, what are they? _____	
Respondent perception of usefulness of services: **Q16**. Of the services you mentioned, which ones are the most useful to you? _____ **Q17.** Of the services you mentioned, which ones are the least useful to you? _____	
Respondent rating of satisfaction with services: **Q19.A**. Are you satisfied with all of the services you mentioned? Circle one: satisfied / not satisfied. **Q19.B**. If yes, please explain your answer. **Q20A**. Are you are **<u>not</u>** satisfied with any of the services you mentioned? **Q20B.** If you are not satisfied with one or more services, please explain your answer.	
Quality of advice or counselling: **Q21. Q21A.** Were you satisfied with the advice or counselling you received? Circle one: satisfied / not satisfied **Q21B**. Please explain your answer:	
Respect: Q22.A Were the staff understanding and respectful to you? Circle one: Yes / No **Q22B**. Please explain your answer:	
Recommendations: Q23. What would you recommend to improve the quality of services you received from this agency?	
End interview and thank participant!	

Анкета

Заявление о проинформированном согласии клиента/бенефициара

Здравствуйте, меня зовут (имя интервьюера). Мы пришли [Название учреждения в местности....Кыргызстан], чтобы узнать о качестве предоставляемых консультаций и услуг в этом учреждении. Мы проводим опрос с такими же людьми, как и вы, которые получили услуги в разных медицинских центрах Кыргызстана. Мы убедительно просим вам принять участие в опросе! Если вы согласны, мы вам зададим несколько вопросов о работе этого учреждения.

Перед чем задать вопросы, я должна объяснить несколько основных правил нашего опроса. Вы можете быть уверены, что информация, которую вы нам сообщите, останется конфиденциальной. Это означает то, что никто, кроме меня и моей коллеги не сможет узнать ваши ответы. Вы имеете полное право отказаться от участия в этом опросе. В любом случае, ваше решение принять участие в опросе или нет не повлияет на услуги, которые вы получаете в [название учреждения].

В случае согласия на участие, вы имеете право отказаться отвечать на какой-либо вопрос или прекратить интервью в любое время.

Все ли вам понятно ? *Обведите ответ:* Да / Нет

Если нет, что именно вам было не понятным? [Дать пояснения по мере необходимости]

Теперь вам все ясно? *Интервьюер должен обвести ответ:* Да / Нет

Если нет, поблагодарить респондента и прекратить интервью.

Если да, то согласны ли вы принять участие в опросе? *Интервьюер должен обвести ответ*: Да / Нет

_____ _____

Подпись интервьюера **Дата (дд/мм/год)**

Свидетель (со-интервьюер или переводчик)

Вопросы для всех клиентов/бенефициаров

B1. Имя интервьюера:

B2. Дата (дд/мм/год) **B3.** Идентификационный номер интервью:___ ___ ___

B4. Пол: М/Ж

B5. Возраст: <18, >18 и <30, >=30

(Обведите один**)**

B6. Название учреждения, которое поддерживается Фондом ООН в области народонаселения (ЮНФПА):_____

B7. Вид учреждения: (Роддом, первичная медицинская помощь, другое?)
(Обведите один**)**

B8. Сектор: (государственный, частный, НПО, другое)

(Обведите один**)**

B9. Уровень образования респондента:

Незаконченное среднее или ниже, среднее, высшее, аспирантура

B10. Место проведения интервью: город, название района

B11. Село / город

B12. Текущая занятость, если имеется:

B13.: Область

B14. Виды полученных услуг: **Какие услуги вы получили в этом учреждении?** (перечислите такие услуги как консультирование, образование, направления, поддержка и т.д.).

_____

_____

B15. Рекомендации по дополнительным услугам: **B15.A. Как вы думаете, должно ли это учреждение предоставлять другие дополнительные услуги?B15.B.Если да, то какие?**

_____

_____

Восприятие респондентом полезности услуг:

B16. Из упомянутых вами услуг, какие являются наиболее полезными для вас?

_____

_____

B17.Из упомянутых вами услуг, какие являются наименее полезным для вас?

_____

_____

Оценка удовлетворенности респондента услугами:

B19.A. B19.A. Удовлетворены ли Вы качеством предоставляемых услуг, о которых вы упомянули? Пожалуйста обведите: удовлетворен/а/ не удовлетворен/а

B19.B. Если удовлетворены, то. пожалуйста, объясните свой ответ: _____

_____

B20A. Не удовлетворены ли вы какой-любо из упомянутых услуг?

_____

_____

B20B. Если вы не удовлетворены одной или несколькими услугами, пожалуйста, объясните свой ответ. ______

_____

_____

Качество консультаций:

B21. B21A . Удовлетворены ли вы качеством консультаций, которые вы здесь получили? Пожалуйста, обведите: **удовлетворен/а/ не удовлетворен/а**

B21B. Пожалуйста, объясните свой ответ: _____

_____

_____

Уважительнot отношение: **B22.A Относились ли к вам работники учреждением уважительно и с понимаем?** Пожалуйста, обведите: удовлетворен/а/ не удовлетворен/а

B22B . Пожалуйста, объясните свой ответ: _____

_____

_____

Рекомендации: B23. Что бы вы посоветовали для улучшения качества услуг, предоставляемых этим учреждением?

Спасибо!

Focus Group Discussion (FGD) Guide

Draft 0.1

Draft Only – Not for Distribution

19 04 2016

For use with women participants in UNFPA supported-birth preparedness classes

Osh, Kyrgyzstan

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: ___ ___ Month: ___ ___ Year: 2016
Location: Name of District/Oblast	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex Female* and number of children/ parity	Age	Current occupation	Participated in UNFPA funded birth preparedness class? Yes/No	How long have they participated in UNFPA funded birth preparedness class?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

***Husbands of women will not be asked to participate in order to ensure women are not inhibited.**

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Mehrigiul Ablezova. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Kyrgyzstan supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Kyrgyzstan supported programs for maternal and child health in Kyrgyzstan.

We would like to discuss these programmes with you, as well as your knowledge, beliefs, attitudes, practices related to maternal and child health.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say.

We would also like to record the discussion. Is this acceptable to you?

(If any of the participants object, we will not do any recording).

Before beginning, we would like to recommend some ground rules for our discussion.

1. This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.

2. Please respect each other's opinions.

3. There is no right or wrong answer.

4. The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

We hope today's discussion will be balanced. This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **To start with, we would ask you about some of your day to day challenges. Can you share any examples of the special challenges you face today as pregnant women or mothers with new-born children?** (**5 MINUTES)**
2**) We understand that you have all been involved with a birth preparedness program in this hospital. Can you tell us about why did you decided to be involved in this program?** (**5 MINUTES)**
3a) Please tell about the birth preparedness program (**2 MINUTES)** **3b) What kind of instruction and training do you receive in the birth preparedness program? If so, what type?** (**10 MINUTES)**

4)a Can you tell us about any advantages of the birth preparedness program?(5 MINUTES)
Probe: How do you benefit from the birth preparedness program?

4b)Probe: (If no mention is made of family planning messages). Have you been told about family planning in your birth preparedness program? What have they told you?

4c) Probe: Would you recommend this program to others?

5a) Can you tell us about any disadvantages of birth preparedness program? (5 MINUTES)
Probes: Are there any problems with this program, any things you do not like about the birth preparedness program?

6) What recommendations do you have to improve this birth preparedness program and programs for maternal and child health in general? (10 MINUTES)

Thanks for your participation and assistance

Focus Group Discussion (FGD) Guide

Draft 0.2

Draft Only – Not for Distribution

19 04 2016

(For use with youth PWID/client beneficiaries

of UNFPA Kyrgyzstan Supported Podruga NGO, Osh, Kyrgyzstan)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: ___ ___ Month: ___ ___ Year: 2016
Location: Name of District/Oblast	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male or Transgender	Age	Current occupation	Participated in UNFPA funded Podruga?	How long have they had an association with UNFPA funded Podruga?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Mehrigiul Ablezova. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Kyrgyzstan supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Kyrgyzstan supported programs for youth in Kyrgyzstan.

We would like to discuss these programmes with you, as well as your knowledge, beliefs, attitudes, practices related to sexual and reproductive health, well as gender and gender-based violence.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say.

We would also like to record the discussion. Is this acceptable to you?

(If any of the participants object, we will not do any recording).

Before beginning, we would like to recommend some ground rules for our discussion.

1. This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.

2. Please respect each other's opinions.

3. There is no right or wrong answer.

4. The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

We hope today's discussion will be balanced. This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **To start with, we would ask you about some of your day to day challenges. Can you share any examples of the special challenges you face today, taking into account the type of work you do?** (**5 MINUTES)**
2**)** 2**) We understand that you have all been involved with Podruga activities. Can you tell us about why did you decided to be involved with Podruga?** (**5 MINUTES)**
3a) What kind of services does Podruga provide?(**2 MINUTES)** **3b) Have you received any training from Podruga? If so, what type?** (**10 MINUTES)**

4) Can you tell us about any advantages of Podruga activities?(5 MINUTES)
Probe: How do you benefit from Podruga?

5a) Can you tell us about any disadvantages of Podruga activities? (5 MINUTES)

6) What recommendations do you have for UNFPA Kyrgyzstan to improve Podruga programs and programs for youth in general? (10 MINUTES)

Thanks for your participation and assistance

Possible additional questions to consider
Level of knowledge of youth on the rights, needs and potential issues related to SRH
7) What do you think are the rights of youth to SRH services?
8) Are there any SRH services for youth in your area? If so, What do you think of the SRH services for youth in your area?
Level of awareness and degree of satisfaction with youth SRH care providers.
What do you think of the health education, sexual health services and contraceptive/ family planning methods provided for youth in your locality? **Probe:** Does your local Service Delivery Point (SDP) provide (culturally) sensitive, respectful services to everyone in your locality? **Probe:** What kind of health education and family planning methods does the SDP have to offer youth in your community? **Probe:** Does your local staff at our SDP have the right kind of skills, knowledge and experience to help you?

Focus Group Discussion (FGD) Guide

Draft 0.1

Draft Only – Not for Distribution

20 04 2016

(For use with male and female community members who participated in the UNFPA-supported "Happy Fatherhood" campaign in Talas, Kyrgyzstan)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: ___ ___ Month: ___ ___ Year: 2016
Location: Name of District/Oblast	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex: Female Or Male	Age	Current occupation	Participated in UNFPA funded Happy Fatherhood Campaign? Yes/No	What role did they have in the UNFPA funded Happy Fatherhood campaign?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Mehrigiul Ablezova. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Kyrgyzstan supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Kyrgyzstan supported program Happy Fatherhood Campaign in Talas Kyrgyzstan.

We would like to discuss this programme with you, as well as your knowledge, beliefs, attitudes, practices related to maternal and child health, well as gender and gender-based violence.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say.

We would also like to record the discussion. Is this acceptable to you?

(If any of the participants object, we will not do any recording).

Before beginning, we would like to recommend some ground rules for our discussion.

1. This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.

2. Please respect each other's opinions.

3. There is no right or wrong answer.

4. The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

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You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **To start with, we would ask you about some of the day to day challenges for young fathers. Can you share any examples of the special challenges young father face today?** (**5 MINUTES)**
2**) 2) We understand that you have all been involved with the UNFPA supported Happy Fatherhood campaign. Can you tell us about why did you decided to be involved with this campaign?** (**5 MINUTES)**
3a) What kind of activities did the Happy Fatherhood campaign implement?(**2 MINUTES)** **3b) Have you received any training from UNFPA as part of the Happy Fatherhood campaign? If so, what type?** (**10 MINUTES)**

4) Can you tell us about any accomplishments of the Happy Fatherhood campaign and its activities?(5 MINUTES)

Probe: How do you benefit from the Happy Fatherhood Campaign?

5a) Can you tell us about any problems with the Happy Fatherhood campaign activities? (5 MINUTES)

6) What recommendations do you have for UNFPA Kyrgyzstan to improve the Happy Fatherhood campaign and programs for young fathers in general? (10 MINUTES)

Thanks for your participation and assistance

Possible additional questions to consider
Level of knowledge of youth on the rights, needs and potential issues related to SRH
7) What do you think are the rights of youth to SRH services?
8) Are there any SRH services for youth in your area? If so, What do you think of the SRH services for youth in your area?
Level of awareness and degree of satisfaction with youth SRH care providers.
What do you think of the health education, sexual health services and contraceptive/ family planning methods provided for youth in your locality? **Probe:** Does your local Service Delivery Point (SDP) provide (culturally) sensitive, respectful services to everyone in your locality? **Probe:** What kind of health education and family planning methods does the SDP have to offer youth in your community? **Probe:** Does your local staff at our SDP have the right kind of skills, knowledge and experience to help you?

Annex 7. Matrix of Program Activities by Region and implementing partners (Please insert the name of the implementing partners in cities/regions)

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
1. Increased availability and use of integrated SRH services (including family planning, maternal health and HIV)	**RHR KYR3U201**	**OUTPUT 1: Capacity of health institutions is strengthened to provide quality maternal and newborn services** **SP : Outcome 1, output 3**	1. Ministry of Health (Stewardship department- implementation Health Care Programme – Den Sooluk) , 2. The Kyrgyz Medicine Continuous Training Institute – Training on Family planning, EPC, Antenatal care, integration of HIV and SRH 3. the Reproductive Centre under the Kyrgyz Medicine Continuous Training Institute- Confidential Inquiry into Maternal Death (CEMD) and Near Miss Care review, development clinical protocol 4. Chair of OB/Gyn of the Kyrgyz Medical Academy- development CP and trainings on EPC 5. The National Maternal and Child Health Centre* tertiary level; maternity and newborn department) - MDG 5 acceleration Framework and Delivery as One UN project 6. NGO Mutakalim- raise awareness of religious community on save motherhood 7. Kyrgyz Family Planning Association: Community and FP (IP), jointly with the					1. Osh Oblast AIDS Center - HIV 2.NGO "Podruga" - HIV	Talas oblast hospital(Near Miss Care review, EPC, EMOC, implementation CL PR), Kara Bura and Bakai-Ata maternities and newborn units- Implementation of Effective Perinatal Technologies (EPC), Emergency Obstetric Care (EMOC) and CP, Talas Medical College - Emergency Obstetric Care (EMOC) for midwifes and resource center NGO Mutakalim religious community (Stepping Stones manual implementation) Kyrgyz Family Planning Association – Community		Osh oblast Hospital , - EmOC, EPC, and implementation clinical protocol

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
			National Republic Health promotion Centre 8. Maternities-EPC, 9. Medical College – EmOC 10. Midwife Association: capacity of association on management and SWOP with international Midwifery confederation , 11. National AIDS Center - HIV 12. NGO "Asteria"- HIV 13. NGO "Tais Plus" - HIV 14. NGO "Kyrgyz Indigo" - HIV 15. The Mandatory Health Insurance Fund under the Government office (Analysis and stewardship Department – Technical expertise of quality clinical protocol, assurance of quality of care to MCH), 16. the Ministry of Social development and labour- maternity benefit 17. Medicine based Evidence Department under MOH- development Clinical protocol						and FP (IP), jointly with the National Republic Health promotion Centre		
1 RHR	RHR KYR3U202	OUTPUT 2: Strengthened RHCS system in the country SP : Outcome 1, output 2	Ministry of Health- is responsible for contraceptive logistics, including development of national standards, protocol and policy for contraceptive choice; The Republic Medical Information Centre-for data collection on contraceptive distribution and utilization including preparation and introduction of	Batken Family Medicine Centre, FP and birth preparedness school	Chui Family Medicine Centre - FP and ANC	Human Development and Reproductive Centre – FP , contraceptive distribution and ANC	FMC – distribution contraceptives		Talas Family Medicine Centre, FP, contraceptive distribution and ANC	FPC distribution contraceptives	Osh Family Medicine Centre – FP and contraceptive distribution

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
			contraceptive forecast programme: Logistic Management information System and CHANNEL software programme., Drug Supply Department for contraceptive logistics, storage, Reproductive health alliance (IP) – Total market approach on FP, NGO Mutakalim religious community on FP issues and promotion FP in Islam; NGO jointly with Kyrgyz Family Planning Association – raise awareness on FP, The Family Medicine Chair under the Kyrgyz Medicine Continuous Training Institute- training on FP the Reproductive Centre under the Kyrgyz Medicine Continuous Training Institute- development clinical protocol " Family and Marriage" unit under the National MCH Centre- National institute for coordination FP and development clinical protocol . Mandatory Health Insurance Fund under the Government office(Health Insurance Department – State guaranteed benefit package and Additional drug package and Financial Department_ National FP budget account , FP flows)								
	Kyr3UHUM	Increased national capacity	. Ministry of Emergency Situation branch-								Ministry of Emergency

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
		to provide sexual and reproductive health services in humanitarian settings. SP : Outcome 1, output 5	coordination with MOH on MISP, . Ministry of Health coordination in emergency and MISP, . Reproductive health alliance NGO- MISP; . Kyrgyz Family Planning Association- MISP								Situation,- MISP
2. Increased priority on adolescents, especially on very young adolescent girls	"YF Services on SRH/HIV" KYR3U603	OUTPUT 3: Strengthened capacity of national institutions to provide youth-friendly services on SRH and HIV	. Ministry of Health (national) – Youth friendly health services								
			Polyclinic of students; NGO Reproductive health alliance; Youth friendly health services	Leilek PHC; Suluktu FMGPC; NGO RHAK branch; Youth friendly health services			Naryn, Kochkor and At-Bashy PHCs; Youth friendly health services		Karabuura PHC; NGO RHAK branch; Youth friendly health services		
3 .Advance gender equality, women's and girls' empowerment, and reproductive rights,	"BCC on GBV/SRH/ HIV" KYR3U604	OUTPUT 4: Improved awareness, attitudes and behavior of young people towards SRH, HIV, STIs, and gender equality, including GBV in communities.	State agency on vocational education (national) – Healthy life style (Sexuality education, sexual and reproductive health)								
			National health promotion center, Healthy life style (Sexuality education, sexual and reproductive health); NGO Y-PEER (SRH among youth); NGO Mutakalim – Reproductive health among religious youth, students and teachers of madrasahs; NGO CRDP			NGO Y-PEER (Forum theater)		NGO Y-PEER (Forum theater)	Health promotion Centers, Talas City Administration (Happy Fatherhood Campaign)		NGO Y-PEER (Forum theater)
			.								
4. Strengthened national protection systems for advancing reproductive rights,	KYR03GEQ (since 2015)	Outcome 3 (since 2014) Strengthened national protection systems for advancing	. National health promotion center; NGO CRDP, NGO Open Line . Association of Crisis Centers	National Statistics Committee	National Statistics Committee (Gender Society Perception Study)	National Statistics Committee Gender Society Perception Study	National Statistics Committee Gender Society Perception Study	National Statistics Committee Gender Society Perception Study	National Statistics Committee (Gender Society Perception Study)	National Statistics Committee Gender Society	National Statistics Committee Gender Society Perception Study

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
promoting gender equality and non-discrimination and addressing gender based violence.		reproductive rights, promoting gender equality and non-discrimination and addressing gender based violence.	Gender in Society Perception Study (GSPS) - Building Evidence for Gender		Health promotion Centers Vocational Education System Lyceum#19 Kemin Men and Boys Involvement				Health promotion Centers Vocational Education System (Happy fatherhood campaign)	Perception Study	
5. Improved data availability and analysis resulting in evidence-based decision-making and policy formulation	PD KYR3U705	OUTPUT 5: Enhanced national capacity for the production, analysis and dissemination of statistical data on population dynamics, youth, maternal health, SRH and GBV.	National Statistics Committee	SRS on-the-job trainings on use of AIS-ZAGS software in 2014	SRS on-the-job trainings on use of AIS-ZAGS software in 2014	SRS on-the-job trainings on use of AIS-ZAGS software in 2014	SRS on-the-job trainings on use of AIS-ZAGS software in 2014	Insan-Leilek, 1 training on Medical and Demographic Statistics in 2012, SRS on-the-job trainings on use of AIS-ZAGS software in 2014	KAPS, organized 1 training on ICD10-MM in 2014		SRS on-the-job trainings on use of AIS-ZAGS software in 2014
4	PD KYR3U706	OUTPUT 6: 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).	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	PBF		Theater Forum, organization of	Theater Forum,	Theater Forum,			Theater Forum,			

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
	KGZ03PBF; KGZ03YPR **Youth for Peaceful Change**		performances and participation in TV programs production NGO Y-PEER	organization of performances and participation in TV programs production Branch of NGO Y-PEER	organization of performances NGO Y-PEER			organization of performances and participation in TV programs production Branch of NGO Y-PEER			
	KGZ03PBF; KGZ03MTK; KGZ03FTI **Multi-sectoral cooperation for inter-ethnic peacebuilding in Kyrgyzstan**		Round table discussion of the course "Education for Peace" with SMMC, 7 regions cities of Bishkek, kazi religious leaders, directors and madrassa teachers NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, training on the implementation of the textbook "The program of education for peace" for madrasah teacher Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, training on the implementation of the textbook "The program of education for peace" for madrasah teacher Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
			training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals by **Public Fund FTI**	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**	training for representatives of local self-government bodies, religious leaders, community leaders **on peace-building**; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals **Branch of Public Fund FTI**
	KGZ03CDP **Multi-sectoral cooperation for inter-ethnic peacebuilding in Kyrgyzstan**		Institutionalize Gender-based Violence Standard Operating Procedures. Develop and introduce sectorial based instructions on GBV response at the national level by Center of Research of Democratic Processes NGO CRDP Ministry of Emergency Ministry of Health Ministry of Internal Affairs General Staff Arm Forces Association of Crisis Centers Crisis Center Shans					Institutionalize Gender-based Violence Standard Operating Procedures. Develop and introduce sectorial based instructions on GBV response at the national			Institutionalize Gender-based Violence Standard Operating Procedures. Develop and introduce sectorial based instructions on GBV response at the national

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
			Ministry for Labor and Social Development, Department on Gender Policy Parliament Government					level by Center of Research of Democratic Processes Ministry of Emergency GBV response and prevention in Emergency			level by Center of Research of Democratic Processes Ministry of Emergency GBV response and prevention in Emergency
	KGZ03PBF; KGZ03MTK; KGZ03FTI **Multi-sectoral cooperation for inter-ethnic peacebuilding in Kyrgyzstan**		Round table discussion of the course "Education for Peace" with SMMC, 7 regions cities of Bishkek, kazi religious leaders, directors and madrassa teachers NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, training on the implementation of the textbook "The program of education for peace" for madrasah teacher Branch of NGO	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, training on the implementation of the textbook "The program of education for peace" for madrasah teacher Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, Branch of NGO "Mutakalim"

			1	2	3	4	5	6	7	8	9
Outcome	Atlas Code	Outputs	City of Bishkek	Batken	Chuy	Djalal-Abad	Naryn	Osh	Talas	Issyk-Kul	City of Osh
								"Mutakalim"			
			training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals by Public Fund FTI	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI		training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI	training for representatives of local self-government bodies, religious leaders, community leaders on peace-building; Developed and implemented initiatives, youth Intercultural Festivals Branch of Public Fund FTI

Annex 8. Summary Table of UNFPA KR Trainings from 2012 through 2015 by Program Area by Key Indicators - Preliminary Estimates based on data from UNFPA KR

		1	2	3	4	5	6	7	8	9
Outcome	Program Area	**Count of number of types of trainings (excludes repeats)**	**Number of trainings (including repeats)**	**Total number of trainees**	**Total Days of Training (**not** including repeats)**	**Total Person days of training (including repeats)**	**Total Person years of training (including repeats)**	**Average number of times a training was repeated**	**Average length of training in days (Col 4/Col1)**	**Average number of trainees per training (Col 3/Col2)**
RHR	201	36	58	1545	190.5	7,159	19.6	1.6	5.3	27
RHR	202	19	53	1130	72.5	4,689	12.8	2.8	3.8	21
RHR	GRHCF	13	60	1491	51.1	4,970	13.6	4.6	3.9	25
RHR	Total	68	171	4166	314.1	16,818	46	2.5	4.6	24
Gender	Total	19	24	518	40.5	1,111	3.0	1.3	2.1	22
Youth	YFHS	11	12	231	51	1,284	3.5	1.1	4.6	19
Youth	Other - HLS Voc Ed (6) /Madrasas (2)	8	14	320	28	1,139	3.1	1.8	3.5	23
Youth	Total	19	26	551	79	2,423	6.6	1.4	4.2	21
PD	Total	17	22	345	75.5	922	2.5	1.3	4.4	16
PBF	Total	14	26	655	62	2,697	7.4	1.9	4.4	25
	Grand Total	137	269	6235	571.1	23,970	65.7	2.0	4.2	23

	M	**F**	**% Female**	Total	Check	No trainings
Youth	160	391	71.0%	551	551	19
GBV	221	297	57.3%	518	518	19
PBF	274	381	58.2%	655	655	26
PD	83	262	75.9%	345	345	22
RHR201	36	1509	97.7%	1545	1545	58
RHR202	34	1096	97.0%	1130	1130	53
RHR GRHCF	0	1491	100.0%	1491	1491	60
Total	808	5427	87.0%	6235	6235	257

Annex 8 Summary of RHR Related Trainings – MNB Related

Project Code and Year	Activity No/Activity ID	Type Training	Number of Trainees in each training Orig	Number of Trainees in each training Copy	Number of Trainers	Number of trainings	Total number of trainees	Location of Training	Days of Training	Person days of training		Dates completed
UDB12	TRONAC	6 days Training for doctors obstetricians, gynaecologists at the primary health care and 6 days for midwifes, nurses on antenatal care for pilot provinces by the MOH and Kyrgyz Medical Institute of Continuous Training (6 round cycle : 1) OSh oblast FMC and Osh FMC, Kara Suu FMC, 2) Batken FMC, Kizil Kia FMC and 3) National Center of Mother and Child Health)	25	25	3	4	112	Osh	6			22-27 November
			34	34	3			Kara Suu				12-17.03
			26	26	3			Batken Kysul kia		672	1	7-Feb
			27	27	3			NT Bishkek				18-23.06
	TrainingX13	Stepping stones training for religious leaders and for community	24	24	3	1	24	Osh	6	144	1	23-28
	TRONBIRTH	Birth preparedness school training	16	16	3	1	15	Osh	5	75	1	24-28 .04
UDB12 DAO	MENTORBPS	Birth preparedness on job training and follow up mentoring training	16	16	3	2	32	Osh and Batken	5	160	1	27.05-01.06.2013
	TRONAC	6 days Training for doctors obstetricians, gynaecologists at the primary health care and 6 days for midwifes, nurses on antenatal care for pilot provinces by the MOH	24	24			128	Batken Kysul kia				15-24.04
			27	27				Osh				1-6.04
			26	26		5		Osh	6	0	1	11-16.03
			28	28				Osh				18.23.02
			23	23				Batken Kysul kia				25.03.-30.03.2013
KYR3U201_2012	WSHPCEMD	3 days workshop on Confidential Enquiries into Maternal Deaths Committee (CEMD) within the frame of the WHO initiative on Making Pregnancy Safer "Beyond The Numbers" at the national level	32 Men 7/22 - Men 4	27	3	2	62	South region- Osh and in Bishkek for north region	3	186	1	3-5 May and 4-6 May
KYR3U201_2012	TRONSRH	Capacity building on SRH for pathoanatomists jointly with MoH and development partners; technical expertise will be provided by Moscow University	2	2	1	2	2	Moscow	7	14	1	Pathoanatomist from MoH is going to take course of Russian Medicine Academy in Moscow, Russia during 03-29.09.2012 U
KYR3U201_2012	WSHPHAC	Workshop on Assessment on hospital and antenatal care	21 (men 3)	21	21	1	42	Bishkek (and on job training (	3	126	1	15 March and during the assessment

								Talas and Osh)				
KYR3U201_2012	TRONEPC	10 days Training on EPC in Talas oblast jointly with USAID project for gynaecologist, midwifes, neonatologist and nurses. Procurement training supplies	1) 25 2)33 (men 4)	33	33	2	66	Talas	10	660	1	10-15 May in Bishkek and 16-23 May
KYR3U201_2012	TRONAC	Training on Antenatal care in Talas oblast for 25 health providers and wrap up meeting in Bishkek	34 (all women)	34	3	1	32	Talas	6	192	1	23-28 may
KYR3U201_2012	TRONAC	6 days Trainings on antenatal care for doctors obstetricians, gynaecologists of the primary health care and for midwifes, nurses in Batken FMC, Batkens Felsher Obstretic Points and Osh. Training for Kara-Suu	27 ((2 men)	27	27	1	27	Osh city	6	162	1	22.08.2012 - 27.08.2012
KYR3U201_2012	TRONBIRTH	6 days training for trainers and instructors of birth preparedness schools and resources centres for Osh and Batken	16	16	3	2	16	Osh city	3	48	1	22-24 .04
KYR3U201_2012	WSHPCP	Workshops on: 1) introductory training with GIZ om EMOC with two international trainer anestez. and 2) practical workshop jointly with GIZ and USAID for OB/Gyn 3) Joint TOT with UNICEF and GIZ Travel cost and DSA for participants (joint contribution)	1) with GIZ 5 Anestogyologist (3 men) 2) with GIZ and USAID - 24 (2 men) 3) 5	34	1) 4 national an 2 internation al 2) 8 3) - 5	3	66	1) Bishkek 2) Bishkek 3) Bishkek	10.5	693	1	1) 16-21 2) June 28-31 3) 10--15 .05
KYR3U201_2013	WSHPCEMD	One day workshop on Confidential Enquiries into Maternal Deaths Committee (CEMD) within the frame of the WHO initiative on Making Pregnancy Safer "Beyond The Numbers" at the national level for the 50 participants.	workshop and audit for 24 people	24	3trainers and 3 Committee on Confidential Enquiries	1	55	Bishkek and Koi Tach village	3	165	1	September and 15-18 February
		Introductory Training on EMOC standards with Royal College	33	33	1 internation al and one national	1	33	Bishkek	3	99	1	4-7 July
KYR3U201_2013	TRONEPC	10 days Neonatal Training including national workshops in Talas.	32	32	3	1	28	Talas	10	280	1	8-18 March
KYR3U201_2013	TRONAC	Training on Antenatal care in Talas oblast for 25 health providers	25	25	3	1	24	Talas	6	144	1	11-16 March
KYR3U201_2013	TRONMIDFES	5 days Training for college teachers on Emergency Obstetric Care for midwifes in Bishkek and Talas oblasts.	1) 14 (only women) 2) in Talas 9 (only women)	11	4 (one men)	2	22	Bishkek and Talas	6	132	1	1_ in Bishkek 3 - 8 June 2013 ; and second Talas 24 - 29 June - 24 – 29 June, 2013, Talas
KYR3U201_2013		On job practical mentoring training with supportive supervision in five maternities in Talas	per quarter	62	6	4	62	Talas	10	620	1	Talas
KYR3U201_2013	TRONAC	6 days Trainings on antenatal care for doctors obstetricians, gynaecologists of the primary health care and for midwifes, nurses in Osh and Batken FMC, Osh and Batkens Feldsher Obstretic Points.	25 (2 men)	25	3	1	25	Osh city	6	150	1	Osh province for nurses/midwifes: 9-14 September • Batken province for

												nurses and midwifes:16-21 September
KYR3U201_2013	JOINTWSHP	workshop on Safe Motherhood/EmOC 1) with GIZ with two international and 4 national trainers 2) Training with USAID and MOH in Talas 3) on job training on NMCR with WHO	1) introductory clinical protocol 2 men	20	6	1	20	Bishkek and Talas	5	100	1	1) 2-6 September 2) Talas 3) Talas 21-23 June, 2013
KYR3U201_2014	WSHPCEMD	National workshop on Confidential Enquiries into Maternal Deaths Committee (CEMD) for the 70 participants to provide the first final CEMD report. Two regional workshops for 60 participants (one in the south and one in the north)	1)93 2) 33 3)38	42.66666667	4	3	128	Issyk Kul ans Osh	2	256	1	9-12 July
KYR3U201_2014	TRONAC	6 day Training on Antenatal care in Talas oblast for 30 health providers.	33	33	3	1	30	Talas	6	180	1	27.01-1.02
KYR3U201_2014	TRONEPC	Neonatal Training for nurses	38	38	2 international	1	38	Talas	5	190	1	9-15 February
KYR3U201_2014	EMOSCstand	Master Class on development EmOC standard with Royal College and European Association OB/Gyn	17 (3 men)	17	2 international)	1	15	Bishkek	4	60	1	
KYR3U201_2014	TRONMIDFES	Two 6 days Training for college teachers on Emergency Obstetric Care for midwifes in South region.	Made the data up	4		2	8	Osh	6	48	1	9-14 June and 16-21 June
KYR3U201_2014	JOINTWSHP	workshop on Safe Motherhood/EmOC 1) TOT resuscitation and intensive care with GIZ 2) with GIZ on Clinical protocol Prolonged labour and EmOC 3) with WFP training on KAP survey Travel cost and DSA for participants in Bishkek and Talas. (Joint contri	1)TOT - with GIZ -3(men - 1) 2) 14 3) 28	45	1)6 2) 3 30 3) 2	1	45	Bishkek	3	135	1	with international experts funded by GIZ, Remaitis 6-10 October
KYR3U201_2015	WSHPCEMD	2 workshops on audit of Maternal death cases by the Confidential Enquiries into Maternal Deaths Committee (CEMD) for the 20 participants.	71	71	4 trainers	1	71	Issyk Kul	2	142	1	
KYR3U201_2015	TRONEPC	Training of Trainers on newly developed EPC guidelines by WHO	1)21 3)38	24.5	9	2	49	Bishkek	11	539	1	1_ 17-21 .)9 and 2) 21-29 September
KYR3U201_2015	WSHPMHIF	2,5 days workshop on introduction of Clinical protocols supported by UNFPA for MHIF staff.	40	34	3	1	34	Bishkek	3	102	1	22-24 April
KYR3U201_2015	TRONMIDFES	days Training for college teachers on Emergency Obstetric Care for midwifes in North regions.	25	25	4	1	25	Bishkek	6	150	1	26-31 January
KYR3U201_2015	TRONEMOC	5 day Training on EmOC in Talas (Kara-Bura, Bakai-Ata, Manas and Chat bazar) using USAID training module on EmOC.	19	19	4	1	19	Kara Bura	4	76	1	2-4 April
KYR3U201_2015	TRONAC	Training on ANC for National trainers and teachers of the Kytys postgraduate training institute	30	28	3	1	28	Bishkek	6	168	1	16-21 February
		Master Class national trainers on EmOC	3	3		1	20		4	80	1	
		Workshop on NMCR	69	69		1	69		2	138	1	

		WS on PP Sepsis	73	73		1	73		1	73	1	
				1248		58	1545		191	7159	36	

Annex 8 Summary of RHR Related Trainings – FP Related

Project Code and Year	Activity No/Activity ID	Type Training	Number of Trainees in each training	Number of Trainees in each training copy	Number of Trainers	Number of trainings	Total number of trainees	Location of Training	Days of Training	Person Days	Count of types of trainings	Dates completed
KYR3U202_2012	TRAINONFP	6 days Training of Trainers on family planning for 25 general practicians, midwifes, nurses with participation of European Society of Contraception and Reproductive Health/WHO	26(2men)	26	three international WHO	1	26	Issyk Kul	6	156	1	13-17 August
KYR3U202_2012	TRONFP	6 days TOT on family planning in 7 oblast of Kyrgyzstan for health providers and one training on finalization of lesson learn and good practices on FP	27	27	3	9	213	Chui	7	1491	1	15-18.10.
KYR3U202_2012	TRONFP		29	29	3			Bishkek				c 24.09.2012 -27.09 .2012
KYR3U202_2012	TRONFP		31	31	3			Djalal-Abad				10-13.09
KYR3U202_2012	TRONFP		28	28	3			Issyk-Kul				c 24.09.2012 -27.09 .2012
KYR3U202_2012	TRONFP		26	26	3			Naryn				03.09.2012-06.09 .2012
KYR3U202_2012	TRONFP		25	25	3			Batken				22.10. – 25.10.2012r
KYR3U202_2012	TRONFP		23	23	2			Osh				18.09. 2012 21.09. 2012
			24	24	3			Talas				01.10.2012 -4.10 .2012
KYR3U202_2012	TRONLMIS	3 days LMIS National training for 25 participants from 7 oblast	24	24	4	1	24	Issyk Kul	3	72	1	26-28 June
KYR3U202_2012	TRONCHANN	On job training on CHANNEL in Issyk-Kul oblast	50	6.25	4	8	50	Issyk Kul: rayon: Ton, Jet ogyz, Ak	1	50	1	21-30 August

								suu, Tup, Cities: Balykchy, Karakol				
KYR3U202_2012	TRONSTEPS	6 - days Training for Trainers for religious leaders, youth religious figures and communities (30 persons) on Stepping Stones.	27	27	3	1	27	Cholpon Ata Issyk kul	5	135	1	22-27.2012
KYR3U202_2012	TRONSRH	Follow up trainings on SRH and family planning in small cities	1)16 2) 24	20	4	2	40	Talas	2	80	1	30.05- 1.06 and 11-12.06
KYR3U202_2012	TRONSRHFP											
KYR3U202_2012	TRONSRHFP											
KYR3U202_2012	WSHPHIVSRH	Workshops on SRH/HIV linkages	36	36	3	1	36	Bishkek	2	72	1	5-6 November
KYR3U202_2013	TRONFP	4 days Trainings for health providers (4 trainings for doctors and 4 trainings for midwifes) on family planning in 4 rayons of Talas oblast.	162 (18 men)	20.25	3 in each training = total for two training - 12	8	162	1)Talas city. Talas RAYON 2) two trainings:: Talas Talas rayon Pokrovka 3)two trainings: Manas district 4) two trainings Bakay-Ata rayon Bakay-Ata 5) Kyzyl-Adyr Kara Bura rayon from. Kyzyl-Adyr Kara Bura District	4	648	1	22.03 - 26.03.2013 26.03 – 30.03.2013 19.04 – 23.04.2013 24.04 – 27.04.2013 17.04 – 20.04.2013 22.04 – 25.04.2013 17.04 – 20.04.2013 22.04 – 25.04.2013
KYR3U202_2013	TRONCHANN	Practical trainings on CHANNEL software programme for the 30 RMIC and FP specialists Osh oblasts.	1)31 2) 18 3)9	19.33333333	4	3	58	Osh, Djalal-Abad , Issyk-Kul	4	232	1	August
KYR3U202_2013	Activity 02	Workshop to develop RH procurement process for further integrated health supplies procurement system.	26	26	3	1	26	Bishkek	3	78	1	26-28 June
KYR3U202_2013	TRONSTEPS	2 - Days Training for 15 specialists of rayon's health promotion units on SRH and FP	14	14	4	2	28	Talas	2	56	1	1-4 October, 2013

KYR3U202_2013	ST ST Tron	Stepping Stones for religious leaders	25	25	3	1	25	Talas	5	125	1	19-24 June, 2013)
KYR3U202_2013	TRONMISP	2 Workshops in the pilot site and stakeholders meeting on MISP based on Action plan for the key persons and policy makers.	27 (8 men) in the north) 43 in the south	35	4 (one international)	2	70	Bishkek and Osh cities	3	210	1	12-13 April and 22- 24 June
KYR3U202_2014	WSHPONFP	Workshop on revision of the FP education module based on CP in the KSMIonCE and integration into education plan.	28	28	2	1	26	Bishkek	5	130	1	9-14 Septembe r
KYR3U202_2014	WSHPHIVSRH	Workshop on clinical protocol "Support for SRH in PLHIV" for health care providers to strengthen links between and integration of Family Planning (FP) services with SRH and HIV.	34	34	2	1	34	Issyk-Kul	5	170	1	8-12 Septembe r
KYR3U202_2015	TRONCHANN	Training on CHANNEL for Bishkek city	24	24	4	1	24	Bishkek	3	72	1	2-5 May
		Mentoring on job training on CHANNEL	32 and 28	30	4 and 4	2	60	Batken and and Chui (rayon : Kemin, Moscow, Tokmok, Sokuluk	8.5	510	1	13.04-22.04.2015r
KYR3U202_2015	WSHPHIVSRHCOM	Workshop of outreach workers of AIDS-service NGOs on SRHR with focus on promotion of condom use	27,27,31, 24	27.25	2	4	109	Bishkek, Osh	2	218	1	3-4,7-8,14-15,21-22 August
KYR3U202_2015	WSHPHIVSRH	Four trainings (2 in the South, 2 in the North) on SRH among PLHIV for health care providers of PHC centers, Republican AIDS Center, Oblast and City AIDS Centers	28,22,23, 19	23	2	4	92	Bishkek, Osh	2	184	1	20-21,22-23,27-28,29-30 April
			Total	658		53	1130		72.5	4689	19	

Annex 8 Summary of RHR Related Trainings – SRH in Humanitarian Settings Related

Activity No/Activity ID	Type Training	Number of Trainees in each training	Number of Trainers	Number of trainings	Total number of trainees	Location of Training	Days of Training	Persons days		Dates completed	
TRONCHANN	Three days training on introduction of the CHANNEL software programme for health care providers of Family Medicine centers and IT specialists of Medico – information Centers Jalal Abad and Batken oblasts. 2-5 July	29	4	1	29	Osh	3	87	1	2-5 July	2013
Mentor Chan	Monitor trips on 4 Oblasts	17.75	4	4	71		5	355	1		2013
	Monitor trips in Naryn	31.333333	3	3	94	Naryn oblast (Naryn oblast FMC, Naryn RMIC, At-Bashi FMC, Ak-Talaa FMC, Toguz-Toro FMC will be included into Naryn trip as it closer to reach from Naryn than from Djalal-Abad, Kochkor FMC, Min-Kush FMC, Jumgal FMC):	5	470	1	18-27 August 2014	2014
	Cascade Family planning Training at primary healthcare level of Issyk-kul and Naryn oblasts. (1 training for doctors and one training for midwifes and nurses)	24.307692	3	13	316		3	948	1		2014
TMA	Total Market Approach introduction Training	24	3	1	24	Koi Tash	5	120	1	7-11 November	2014
Tron FP	Cascade Family planning Training at primary healthcare level of Issyk-kul and Naryn oblasts. (1 training for doctors and one training for midwifes and nurses)	24.642857	3	14	345	14 Rayons and Oblasts	4.5714286	1577.1429	1		2014
TMA	Total Market Approach introduction Training	24	3	1	24	Koi Tash	5	120	1	7-11 November	2014

FP J	Workshop with Mass media in FP	22	4	1	22	Bishkek	3	66	1	3-4 .12	2014
TRON CHAN	Three days training on introduction of the CHANNEL software programme for health care providers of Family Medicine centers and IT specialists of Medico – information Centers from Naryn and Chui oblasts.	22	3	1	27	Bishkek city	3	81	1	26.05-28.05.2014	2014
TRONCHANN	Training on CHANNEL for Bishkek city	24	4	1	24	Bishkek	3	72	1	2-5 May	2015
	Mentoring on job training on CHANNEL	30	4	2	60	Batken and and Chui (rayon : Kemin, Moscow, Tokmok, Sokuluk	8.5	510	1	13.04-22.04.2015 r	2015
WSHPHIVSRHCOM	TMA workshop with civil society jointly with Alliance reproductive health NGO	27	4	4	109	Bishkek, Osh	2	218	1	25-27 Nov,	2015
	FP Trainings?	25	4	14	346	14 Rayons and Oblasts	1	346	1		2015
		105.7143		60	1491		51.07143	4970.1	13		

Annex 8 Summary of Youth Related Trainings

Project Code and Year	Activity No/Activity ID	Type Training	Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of training (exluding repeats)	Count or trainings (excluding repeats)	Person days of training	Dates completed
2012											
KYR3U603	TRONYFHSMN	National training on YFHS for health managers and local authorities	3	20	1	20	Issyk-Kul, "Ak-Maral"	4	1	80	23-28.04.2012
KYR3U603	TRONYFHSPR	5-day training on adolescents SRH and YFHS for medical specialists of Students' policlinic in Bishkek	8	30, 30	2	60	Bishkek, "Dostuk" hotel	10	1	600	18-29.06.2012
KYR3U603	STUDYTOUR	Participation at the EuTECH summer school for health professionals on adolescents health and YFHS	N/A	2	1	2	Russia, St.Petersburg	5	1	10	18-22.06.2012
KYR3U603	TRONYFHSPR	5-day National training on YFHS, incl. delivery of SRH/HIV services for MARYP/MARA for health providers and nurses	4	28	1	28	Issyk-Kul, "Tri korony"	5	1	140	08-14.07.2012
KYR3U604	TRONVOCED	3-day capacity building training for teachers and masters of vocational schools in Bishkek and Talas with following 1 day workshop to discuss and develop schedule of HLS module	3	31	1	31	Bishkek, "Dostuk" hotel	4	1	124	27-30.03.2012
KYR3U604	TRAINING	5-day national capacity building training for directors, teachers and peer educators of vocational schools on strategic planning	4	24	1	24	Issyk-Kul, "Tri korony"	5	1	120	01-07.07.2012
KYR3U603	TRONYFHSMN	3-day training on YFS for health managers and local authorities of Naryn oblast	2	20	1	20	Issyk-Kul, "Meridian"	3	1	60	04-08.06.2013
KYR3U603	TRONYFHSPR	5-day training on YFS for health professionals, nurses and managers of the oblast and rayon FPC in Naryn oblast	3	23	1	23	Naryn, "Khan-Tengri"	5	1	115	23-29.06.2013
KYR3U604	TRONVOCED	3-day capacity building training for teachers and masters of vocational schools in Talas and in Naryn with following 1 day workshop to discuss and develop schedule of HLS modules;	2	22, 19	2	41	Talas city, Naryn city	3	1	123	15-24.10.2013
KYR3U603	STUDYTOUR	Participation at the EuTECH summer school for health professionals on adolescents health and YFHS	N/A	1	1	1	Russia, St.Petersburg	5	1	5	18-24.05.2014
KYR3U604	TRONVOCED	Series of 3-day HLS trainings for teachers, mentors and peer trainers in Osh, Djalal-Abad and Batken regions within the planned training courses of the National research and methodology	2	21, 14	2	35	Osh city, Djalal-Abad city	3	1	105	09-16.03.2014

		center of the vocational education system									
KGZ03YPR	TRONSRH	5-day SRH and ToT combined training for peer trainers from madrasah and Islamic University of Bishkek, Talas, Naryn and Issykkul in Bishkek; and for Osh, Batken and Djalal-Abad in Osh.	3	27, 32	2	59	Bishkek city, Osh city	5	1	295	26-30.04.2014; 10-16.05.2014
KGZ03YPR	TRONYFHS	5-day training on YFHS for health providers, nurses and managers of the Rayon PHC and Territorial hospital of Karabuura rayon	3	18	1	18	v. Kyzyl-adyr	5	1	90	16-21.06.2014
KGZ03YPR	TRONYFHS	3-day refresh training on YFHS for health providers of the Naryn, Kochkor and At-Bashy PHCs	2	26	1	26	Naryn city	3	1	78	22-26.06.2014
KGZ03YPR	TRONYFHS	4-day training on YFHS for health providers of Leilek and Sulukta PHCs	2	20	1	20	Isfana city	4	1	80	22-27.09.2014
KYR3U603	TRONVOCED	Series of 3-day HLS trainings for teachers and mentors of vocational schools in Issykkul and Chui regions; and in Batken region within the planned training courses of the National research and methodology center	2	23, 12, 17	3	52	Issyk-Kul, VS#85; Batken, VS#57	3	1	156	07-18.06.2015
KGZ03YPR	TRONYFHS	3-day refresh/mentoring trainings on YFHS for health providers of Leilek, Suluktu and Kulundu PHCs	1	13	1	13	Isfana city	2	1	26	21-25.04.2015
KGZ03YPR	TRONSRH	Reproductive health training for teachers and mentors of madrasah from Osh, Djalal-Abad and Batken regions; and from Chui, Naryn, Talas and Issyk-Kyl regions	4	34, 26	2	60	Bishkek city; Osh city	3	1	180	17-20.05.2015; 14-18.06.2015
KGZ03YPR	TRONTOT	ToT for representatives of the National research and methodology center under the State agency on vocational education	1	18	1	18	Bishkek city	2	1	36	21-22.05.2015
					26	551		79	19	2423	

Annex 8 Summary of Gender Related Trainings

Project Code and Year	Activity No/Activity ID	Type Training	Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of Training	Person Days	Trainings	Dates completed
KGZ03PBF 2014	SOPGVINSTR	seminar on the construction of inter-sectoral response to gender-based violence in emergency and crisis situations		26	1	26	Kemin	3	78	1	November 26-28
KGZ03PBF 2014	SOPGVINSTR	training on gender issues for heads of emergency departments of the Ministry of Emergency Situations.	2	26	1	26	Bishkek	3	78	1	November 14-16
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training for Ministry of Emergency on gender aspects during the emergency	4	26	1	26	Bishkek	2	52	1	12-14.11.2014
KYR03604	CAMPAIGN	2 days training for the local authorities on Reproductive health and responsible parenthood	3	20	1	20	Talas	2	40	1	13-14.05.2014
KYR03604	CAMPAIGN	2 days training for teachers of all Vocational Education system lyceums in Talas oblast	3	28	1	28	Talas	2	56	1	16-16.05.2014
KYR03604	CAMPAIGN	2 days training for students of Vocational Education system lyceums in Talas oblast	3	29	1	29	Talas	2	58	1	15-16.05.2014
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training for heads of departments of the Ministry of Emergency on role of civil defence system in prevention of GBV	3	25	1	25	Issyk-Kul	2	50	1	7-8.05.2015
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training for heads of departments of the Ministry of Emergency on role of civil defence system in prevention of GBV	3	39	1	39	Osh	2	78	1	28-29.05.2015
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training on psychological assistance for sexual violence survivors	2	22	1	22	Issyk-Kul	2	44	1	12-13.06.2015
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training on role of internal affairs and arm forces in prevention of GBV	3	25	1	25	Issyk-Kul	2	50	1	20-21.06.2015
KGZ03CDP (PBF)	SOPGBVINSTR	2 days training for heads of departments and officials of the General Staff Arm Forces	3	25	2	50	Bishkek	2	100	1	11.12.2015,18.12.2015
KYR03GEQ	CAMPAIGN	Training for Health Promotion Center on module for responsible fatherhood	3	31	1	31	Bishkek	3	93	1	27-29.05.2015
KYR03GEQ	CAMPAIGN	Training for the Teachers of the Lyceum #19 in Kemin on gender issues and men involvement	3	16	3	16	Kemin	1.5	24	1	4.11.2015;11.11.2015,18.11.2015
KYR03GEQ	CAMPAIGN	Training for the Students of the Lyceum #19 in Kemin on gender issues and men involvement, RH and positive masculinity	3	25	3	25	Kemin	1.5	37.5	1	4.11.2015;11.11.2015,18.11.2015
KGZ03NSC (PBF)	TRONKAPSRV	training for interviewers on listing	3	28	1	28	Issyk-Kul	1	28	1	28-30.09.2015
KGZ03NSC (PBF)	TRONKAPSRV	training for interviewers on listing	1	22	1	22	Osh city	2	44	1	5-7.10.2015
KGZ03NSC (PBF)	TRONKAPSRV	training for interviewers on survey tools	4	19	1	19	Issyk-Kul	2.5	47.5	1	18-21.11.2015
KGZ03NSC (PBF)	TRONKAPSRV	training for interviewers on survey tools	4	27	1	27	Issyk-Kul	2.5	67.5	1	22-24.11.2015
KGZ03NSC (PBF)	TRONKAPSRV	training for interviewers on survey tools	3	34	1	34	Osh city	2.5	85	1	29.11-02.12.2015

				Totals	24	518		40.5	1110.5	19	

Annex 8 Summary of PD Related Trainings

Project Code and Year	Activity No	Type Training	Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of Training (excluding repeats)	Count of training (excluding repeats)	Person days of training	Dates completed
KYR3U705 2012	TRDEMMEDST	3-day training for local NSC, RMIC, SRS staff on basics of demographic and medical statistics in Osh	4	44	1	44	Osh city	3	1	132	2012
KYR3U706 2012	TRDEMPROJ	Training on demographic projections for 1 participant from NSC and 1 participant from the Ministry of Economy organized by EECARO and Higher School of Economics	n/a	2	1	3	Moscow	9	1	27	24.09.2012-03.10.2012
KYR3U706 2012	TRDEMPROJ	Training on population and development for 1 participant from the Ministry of Economy organized by EECARO and Higher School of Economics	n/a	1	1	3	Moscow	9	1	27	24.09.2012-03.10.2012
KYR3U705 2013	TRGBVDATA	2-day trainings staff of law enforcement (24 people), healthcare system (52 people) and justice departments (33 people) based on sectoral data collection methodology developed by UNFPA	6	24/52/33	3	109	Bishkek	2	1	218	18-19.11.2013, 09-10.12.13, 16-17.12.13
KYR3U705 2013	PCAXIS	Training in use of data editing tool and automatic transfer of PC-Axis files specialists from IT and other specialised departs of National Statistics Committee.	1	22	1	22	Bishkek	3	1	66	05-07.06.2013
KYR3U705 2013	PCAXIS	6 NSC IT staff were trained in use of special applications and programs such as Web-design, SQL data base management, Microsoft SQL server- server administration and Linux level 1.	n/a	2	4	6	Bishkek	2	1	12	Different dates
KYR3U706 2013	TRDEMPROJ	Trainings on demographic projections for 2 NSC staff and 2 Ministry of Economy staff organized by EECARO and Higher School of Economics.	n/a	4	1	4	Antalya	9	1	36	23.09.2013-02.10.2013
KYR3U705 2014	TRICDMMM	2-day training for medical staff in Talas oblast from Karabura, Manas, Talas and Bakaiata rayons on ICD-10 coding with focus on maternal mortality	3	24	1	24	Talas	2	1	48	29-29.10.2014
KGZ03SRS 2004	TRAISZAGS	On-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software	2	n/a	1	39	Osh oblast	2	1	78	04-23.12.2014
KGZ03SRS 2004	TRAISZAGS	On-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software	2	n/a	1	21	Djalal-Abad oblast	2	1	42	04-21.12.2014
KGZ03SRS 2004	TRAISZAGS	On-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software	2	n/a	1	11	Batken oblast	2	1	22	04-12.12.2014

KGZ03SRS 2004	TRAISZAGS	On-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software	1	n/a	1	13	Naryn oblast	2	1	26	16-27.12.2014
KGZ03SRS 2004	TRAISZAGS	On-the-job trainings for staff members of Vital Registry Office (ZAGS) staff on use of AIS ZAGS software	1	n/a	1	22	Chui oblast	2	1	44	16-24-12.2014
KYR3U706 2015	TRDEMPROJ	In-country training on methods of demographic projections for the Ministry of Economy and Inter-Agency team	2	13	1	13	Issyk-Kul	5.5	1	71.5	1-6.06.2015
KYR3U706 2015	TRDEMPROJ	Training on basics of demographic statistics for the Ministry of Economy staff	4	9	1	9	Bishkek	3	1	27	23-25.06.2015
KYR3U706 2015	TRDEMPROJ	Training on demographic projections for 3 members of the projects on team from the Ministry of Economy organized by EECARO and Higher School of Economics	n/a	3	1	3	St. Petersburg	9	1	27	14-23.09.2015
KYR3U706 2015	TRDEMPROJ	Training on population and development for 1 staff from the Ministry of Economy and 1 staff from NSC organized by EECARO and Higher School of Economics	n/a	2	1	2	St. Petersburg	9	1	18	14-23.09.2015
					22	348		75.5	17	921.5	
			Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of Training		Person days of training	Dates completed
		Other			14	267		19	9	556	
		Demographic projections and PD			8	81		56.5	8	365.5	
					22	348		75.5	17	921.5	

Annex 9: Gender Continuum

Overview: Based on the new UNFPA CPE quality assurance standards issued in 2016, this evaluation is required to assess to what extent the UNFPA KR CP has integrated gender as a cross-cutting theme. This evaluation considers a continuum of approaches for the integration of gender into public health programs. The evaluation addresses the question, "To what extent have UNFPA's activities in each of the programme areas (RHR, Youth, Gender&GBV, PD) integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity?" To address this question, the evaluation team considered a continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative. For clarification of these categories, see the following concrete examples of each category from the USAID Interagency Gender Working Group (IGWG) Continuum of Approaches for Gender Integration as shown in Figure 1.

Figure 1
Continuum of Approaches for Gender Integration

Gender Exploitative	Gender Accommodating	Gender Transformative
Programs that …exploit gender inequities and stereotypes in pursuit of project outcome. Often harmful in long-term and can undermine program objectives.	….accommodate gender differences to achieve project objectives. May make fulfilling gender roles easier but does not attempt to reduce gender inequality.	….seek to transform gender relations to promote equity and achieve program objectives by encouraging critical awareness of gender roles and promoting improved women's status.
Example: Condom social marketing campaigns that use aggressive or violent imagery to reinforce male decision-making power and control.	Example: Projects that take services to women who have limited social mobility; doorstep distribution of oral contraceptives (OCs) in Muslim society where women are in seclusion.	Example: Programs that work with young men and young women to challenge rigid gender roles.

Adapted from USAID IGWG Presentation, 2005.