

# SITUATION ANALYSIS REPORT



ON INTRODUCTION OF  
OUT-OF-SCHOOL COMPREHENSIVE  
SEXUALITY EDUCATION AMONG  
ADOLESCENTS AND YOUTH  
IN KYRGYZSTAN



## ABBREVIATIONS

<b>RHA</b>	Reproductive Health Alliance
<b>WHO</b>	World Health Organization
<b>GNP+</b>	Network of People Living with HIV
<b>STIs</b>	Sexually transmitted infections
<b>KPG</b>	Key population groups
<b>CSE</b>	Comprehensive sexuality education
<b>KR</b>	Kyrgyz Republic
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender and queer/non-cisgender (for example, intersex, non-binary and gender nonconforming and agender)
<b>PWDs</b>	Persons with disabilities
<b>ITGSE</b>	“International technical guidance on sexuality education”
<b>IPPF</b>	International planned parenthood federation
<b>PA</b>	Public Association
<b>UN</b>	United Nations
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>PF</b>	Public Foundation
<b>PHC</b>	Primary health care
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>SRH</b>	Sexual and reproductive health
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>YFS</b>	Youth-friendly services
<b>SFK</b>	Soros Foundation Kyrgyzstan
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNFPA</b>	United Nations Population Fund
<b>UNAIDS</b>	The Joint United Nations Programme on HIV and AIDS, which aims to reach those furthest behind, including young people, people with disabilities, those living with HIV, Indigenous communities, refugees and migrants

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## INTRODUCTION

**Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip young people and children with knowledge, skills, attitudes and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives.**

Disputes about the permissibility of the right of youth and adolescents to sexual education in Kyrgyzstan have been going on for many years, dividing society into many parts with pronounced radical poles. In addition, of course, the perception of the role of sexual education by the parties is significantly transformed depending on the position of the party: from corrupting and propagandizing "foreign Western values", to a panacea for many social problems and the opportunity to develop qualitatively. Against the background of these serious disputes, the real sexual and reproductive life of the population is developing: the fertility rate of the population is increasing (from 2.8 in 2008 to 4.1 in 2020), including teenage pregnancy and, as a result, childbirth and abortions in adolescents, the number of STI and HIV infections in children and adolescents is growing, and the level of sexual violence against children is also increasing.

In Kyrgyzstan, over the past 5 years, a significant number of studies have been conducted analyzing young people and the environment in which they develop, including with regard to the availability of education in the field of sexual and reproductive health. However, today it is still quite difficult to imagine a complete

picture of the sphere of sexual and reproductive behavior and culture of youth and adolescents and the position of society in relation to their support. Who and how provides access for young people and adolescents, including key groups, to information and education in the field of sexual and reproductive health outside of school today?

What is the potential of the main public institutions? What barriers exist in society to promote comprehensive sexual education? Such questions were posed by this study, and this report is an attempt to answer these questions and explain the causal mechanisms of success and failure in promoting comprehensive sexual education in and out of school, where young people in Kyrgyzstan are provided with knowledge and skills to preserve their health, safe behavior and development.

The research team in this report used information from official sources and published reports, but can guarantee their absolute accuracy and reliability. The content of this report, as well as the conclusions and recommendations in the report may not coincide with the opinion of UNFPA.

## METHODOLOGY OF RESEARCH

On different levels of society, there are functioning actors and structures that are “responsible” for shaping the perceptions, knowledge, practices and attitudes of youth and adolescents about sexual and reproductive health and behavior. They also define norms and regulations in the sphere of sexual and reproductive relations. At present, in Kyrgyzstan these are:

- **Family institution**, where, presumably, a child should get basic knowledge and information on corporeality, maintenance of health, as well as the adoption of behavioral patterns;
- **Institution of education**, which is designed to provide a child/ adolescent with a conceptual construct and functional knowledge about anatomy, physiology and ethics of sexual and reproductive behavior;
- **Healthcare institution**, that serves to prevent and treat diseases, as well as ensure awareness-raising and prevention of possible effects of sexual behavior, based on scientific evidence;
- **Civil society institutions (NGO)**, which protect the right of a teenager/ young person to have access to basic health, education and other SRH services and play a supporting role in raising awareness of adolescents and youth in out-of-school settings and outside health facilities and acquiring skills on maintenance of health;
- **Religious institutions (in the case of Kyrgyzstan, these are mainly – Islamic ones)**, that ensure sharing (shaping) of cultural values and knowledge of “Islamic norms” related to sexual and reproductive behavior;
- **The category of low-key actors can**

**also include international donor organizations and development agencies** that shape normative concepts and standards of sexual and reproductive health, essentially based on human rights concept;

- **The category of informal and low-key actors comprises all types of social media and Internet platforms** which, to different extents, can be considered not only as information flow, but also as controversial virtual communities greatly influencing the views, attitudes and practices of young people regarding their SRH, which are expressed in the form of numerous comments to the posts or expert feedback and/or individual communication.

What should be done, if comprehensive sexuality education is not adopted officially and has a fragmented approach in the educational process? What to do, if the need for information is strong and is dictated by the intersecting vulnerability of adolescents: for instance, if it is a rural girl living with HIV or a young gay man whose family is not supportive? According to experts, non-formal comprehensive sexuality education can solve some issues of adolescents who do not have access to formal education or those with special needs and requirements, or those facing discrimination or social isolation. It is important to note that despite the international classification of WHO, which defines adolescents as those people between 10-19 years of age, and young people as those persons between 20-24 years of age, the analysis mainly considered age groups, adopted within the classification of Kyrgyzstan, where adolescents refer to the population aged 14-18 years old and youth – to the persons aged 19-28 years old.

Taking into account some peculiarities and approaches in promoting non-formal comprehensive sexuality education, we have analyzed the entire environment of sexual education, but with a major focus on three actors: NGO, donor and international organizations and Internet resources, which represent some community, mainly consisting of young persons.

Data presented in the report were obtained using the following research methods:

- Desk review of reports, research and analytical reports and publications in the area of youth development and SRH;
- Interview questionnaire for representatives of NGOs of Kyrgyzstan that implement projects and programs on non-formal comprehensive sexuality education for youth and adolescents;
- Interview questionnaire for representatives of international organizations donor agencies that support projects and programs on CSE for various groups of youth and adolescents in Kyrgyzstan.

Data was collected both offline and online. In total, there were conducted the following:

- 20 semi-structured interviews with representatives of public associations;
- 7 semi-structured interviews with representatives of donor and international organizations identified during interviews with

NGOs as agencies that are funding and supporting CSE projects and programs;

- Exploring the existing information platforms and Internet resources available in the Russian and Kyrgyz language segments;
- Review and analysis of available materials, publications, research and reports on youth and youth development in Kyrgyzstan for the past 5 years, as well as analysis of statistics and available data on youth (see more information in Annex #3 – References).

The fieldwork period lasted for 6 weeks; analytics took 2 weeks to complete, and the report was compiled within 2 weeks.

The objective of expert interviews with representatives of NGOs implementing CSE projects and programs was to analyze:

- Understanding and perception of the non-formal comprehensive sexuality education content by the organization itself;
- The capacity of the organization in development and promotion of CSE projects and programs;
- Availability of standards, methodologies, toolkits and other resources for high-quality implementation of CSE projects and programs;
- Groups of youth and adolescents covered by CSE projects and programs in these NGOs;
- Partnerships and external support;
- Gender aspects regarding access to information envisaged by NGO when implementing CSE projects and programs;
- Challenges for promotion of non-formal CSE.

The questionnaires developed by the research team include a number of questions on the institutionalization of CSE at the level of NGO (non-government organizations): availability of staffing positions, strategic development of CSE issues in terms of organizing and funding of events. Typically, the length of the interview was in the range of 1 to 2 hours.

Questionnaires for representatives of international and donor organizations had targeted questions providing the idea about the strategies of donors on supporting and developing the programs and projects on comprehensive sexuality education, their expertise and efficiency of projects, as well as the possibility of further funding.

Desk review helped to clarify the profile of modern youth and come up with a better understanding of the social and economic landscape where some projects and programs for youth ensuring their access to comprehensive sexuality education outside of formal educational establishments are implemented. Besides, the impact of the COVID-19 pandemic on youth opportunities was analyzed. Moreover, the study of information flows that are most popular among young people and that comes from the Internet and social media has also contributed to getting a broader picture of the situation.

## THE PROFILE OF YOUTH IN KYRGYZSTAN

The right of adolescents and youth to receive information and education on health issues, as well as access to services that maintain and preserve health is defined in many international treaties and conventions, ratified by the Kyrgyz Republic. These are Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination

against Women and International Covenant on Economic, Social and Cultural Rights.

The sexual and reproductive health and rights of adolescents is an integral part of the international body of rights. The law of the Kyrgyz Republic "On reproductive rights of citizens and guarantees for their realization" was adopted by Resolution #5389-V3 of Jogorku Kenesh of the Kyrgyz Republic on 21 May 2015. Article 13 of this law stipulates the rights of children and adolescents in the area of reproductive rights protection. The first part of this Article provides: "Children and adolescents have the right to protect their reproductive rights, as well as education and training in the field of sexual and reproductive health and family life education". The law states that parents, educational establishments, and health facilities bear responsibility for raising awareness of children and adolescents on sexual and reproductive health issues.

As per data from the National Statistical Committee as of 1 January 2021, the population of Kyrgyzstan was **6 million 637 thousand people, of the 1 million 576 thousand people**<sup>1</sup> were 14-28 years old. Every third citizen of the country is a young person.

Analysis of the country's population for the past decade has shown that the share of youth is dwindling amid an increasing proportion of older people, but the fertility rate is growing which is the sign of reproductive burden of young women who have more childbirths and a shorter birth spacing. These rates will have serious socio-economic consequences in the foreseeable future including for the healthcare system, labor market and pension system of the

1 National Statistical Committee of the Kyrgyz Republic <http://www.stat.kg/ru/> <http://www.ca-portal.ru/article:23002>

country.<sup>2</sup> For the past years, Kyrgyzstan witnessed high rates of population growth, which increased annually by 2-2, **1%**. The only exception was the year 2020, when population growth rates were 1, **7%**. At the same time, total fertility rate or female fertility rate (average number of children a woman has during her reproductive years) has slightly declined: from 3, 3 children in 2019 to 3 children in 2020. The highest rate was in Osh city (4, 5 children per one woman) and the lowest in the Issyk-Kul region (2, 7).

Kyrgyzstan's youth, just like the population in general, has a high level of educational attainment. However, in recent years there has been a tendency toward reduction in the share of youth studying in professional higher educational establishments. Notably, girls predominate among students of higher and secondary vocational education establishments. Nevertheless, their business and economic activity after completing education is rapidly decreasing.

Among employed youth, men constitute 64, **0%** and women 36, **0%**. In all age cohorts, the employment rate of men is higher (58 %) than that of women (nearly 34 %), but the greatest gap is in the age group of 24-28 year-olds. In this age group, in most cases, young women quit their jobs due to childbirth. The results of the workforce survey show that in the past years in general there was observed a fall in the level of economic activity of youth - from **53%** to **43%**, which resulted in a greater gap between the level of economic activity of men and women.

It should be noted that **62%** of youth in Kyrgyzstan reside in rural areas and young people in communities from rural

and poor regions have to start working from a younger age, especially in the agricultural industry, thus having to give up education. It is obvious that the rural environment (lack/absence of preschools, jobs, low salaries, etc.) also hinders the economic activity of young women. A well-known phenomenon of chronic rural unemployment/underemployment forces men and women to migrate abroad.

On the contrary, in large cities, it is easier to find employment, which motivates internal migration. However, some young migrants move to other countries to get a job, and the majority of them migrate mostly to CIS countries (Commonwealth of Independent States). Overall, nearly a third of migrants are young people aged 14-28 years old.

Experts say that only **8-10%** of human health depends on medicine/healthcare and **50-55%** on lifestyle, mainly physical activity. Coverage by physical culture and sports in the country hardly reaches **15%**. A possible reason is that for a long time in the Kyrgyz Republic there have been no state strategies for supporting youth health.

In line with the Youth Development Index – a total indicator that assesses human development of the young generation (young people aged 16-24 years old), in 2015, Kyrgyzstan ranked 64th out of 188 countries. In categories: life expectancy and health – 104th, education – 86th, employment – 86th, civic participation – 30th, political participation (participation in decision-making) – 90th.<sup>3</sup>

At the current stage of the country's development, among the society and

2 NSC. Youth in the Kyrgyz Republic, 2014-2018. National Statistical Committee of the Kyrgyz Republic, 2019.

3 UNICEF. Youth well-being and development index in the Kyrgyz Republic. Bishkek 2017. <https://www.unicef.org/kyrgyzstan/media/1861/file/Youth%20Wellbeing%20and%20Development%20Index%20in%20Russian.pdf.pdf>

the state there is a growing realization of the need and significance of volunteer work. For youth, volunteerism is a space for socialization and development of professional skill sets. A vivid example of youth volunteer service was active participation of young citizens of Kyrgyzstan in the most difficult months of the COVID-19 pandemic in 2020. At that time, together with official youth organizations such as National Red Crescent Society, young people have independently joined efforts for cooking and delivery of hot lunches for healthcare professionals working in “red zones”; young specialists created volunteer groups for provision of medical care at home; and united for delivery of food assistance and other aid to the most vulnerable populations across the country.

However, coordination from the Government has lagged behind for at least one year, as the following information was posted on the website of the Ministry of Health and Social Development of the KR only in mid-June 2021: “To ensure preparedness and coordinated work with civil sector and training of volunteers participating in various aspects of COVID-19 response, the Ministry of Health and Social Development has launched a digital portal for registration of organizations and individuals who want to join volunteers in response actions for COVID-19; it is available at this link:<sup>4</sup> [www.dobro.med.kg](http://www.dobro.med.kg)»<sup>5</sup>.

Public associations evince innovation in complex and volatile contexts, they

4 <http://med.kg/ru/novosti/4712-v-ramkakh-pandemii-covid-19-zapushchen-elektronnyj-portal-dlya-volonterov.html>

5 <http://med.kg/ru/novosti/4712-v-ramkakh-pandemii-covid-19-zapushchen-elektronnyj-portal-dlya-volonterov.html>

often are more effective in overcoming barriers, which prevent the authorities and the public to hear the voices of vulnerable youth or understand their problems. That way, in 2016, Soros Foundation Kyrgyzstan (SFK) supported launching the “Street lawyers” initiative as a response to the relevant requests of the vulnerable groups. Street lawyers – are trained employees of non-governmental organizations of Kyrgyzstan, who represent and protect the interests of the vulnerable groups, which are key groups in the context of curbing the HIV epidemic. Street lawyers work with the following key population groups: PLHIV (people living with HIV), PWID (persons who inject drugs), SW (sex workers) and LGBT (lesbian, gay, bisexual, transgender). Later on, street lawyers were renamed to “public defenders”. This project helps people who are in difficult life situations. Difficulties with obtaining documents, issues with access to health services, abuse of official authority by the staff of law enforcement agencies – these are the main problems faced by the key population groups, amongst others.

Many young people believe that officials at national and local levels do not support them, and sometimes they actively ignore, reject or suppress them. Government officials tend to ignore the problems of certain groups more than those of others; or some groups prefer not to disclose their issues due to fear. Thus, in youth’s opinion, representatives of ethnic or religious minorities have less confidence that they can interact with authorities because of mutual mistrust and fear of discrimination<sup>6</sup>.

Young people, especially those with higher education, increasingly consider improving their life prospects and earning

6 Saferworld in Kyrgyzstan. Young people’s voices on peace and security in Kyrgyzstan. 2019. [young-peoples-voices-on-peace-and-security-in-kyrgyzstan-ru.pdf](http://young-peoples-voices-on-peace-and-security-in-kyrgyzstan-ru.pdf)

a decent living, it is necessary to leave Kyrgyzstan (52%).<sup>7</sup> Thereby, representatives of the titular nation are even more active in their aspiration to start a new life abroad compared to the representatives of other ethnic groups. The motives for leaving the country are high levels of corruption in the country, Islamization of society and restrictions on freedom of disclosing one's marital status, sexual orientation and sexuality.<sup>8</sup>

In civic participation, there is an insufficient level of covering youth with social and political activity, for instance, minimal representation of youth in political parties, executive and legislative powers of the state. Young people do not see themselves engaged in politics; they think that the state does not fully ensure observance of their rights and freedoms.<sup>9</sup>

Kyrgyzstan's youth faces high levels of violence, while having limited access to protection and justice. In 2018 alone, there were registered 1473 cases of violence against children and 136 cases of minors abuse (it is quite probable that many cases remain unreported as children and adolescents do not disclose it).

Acts of violence are also carried out by young people themselves, including violence against each other, which results in endless cycles of violence. Such organizations like Saferworld<sup>10</sup> and the

Civil Union "For reforms and results"<sup>11</sup> have repeatedly raised the issue of school bullying and school racketeering which leads to the lack of security, high rates of violence, decreased school attendance, as well as physical and mental health issues among youth and adolescents.

Experts of Public Fund "Child Rights Defenders' League" insist that this is caused by low level of educational attainment, lack of adequate care and nurturance by parents (who probably work abroad) and low socio-economic status of families. "In most cases, if a child became a victim of sexual violence in family, his/her mother takes the side of her husband or cohabitant. Law enforcement officers often use this fact, who in such cases suggest solving the issue through building a consensus. This leads to a false sense of impunity for rapists"<sup>12</sup>

Young women are especially vulnerable to certain forms of violence and discrimination. Conservative interpretation of traditions and religion often makes women inferior to men, giving them some supportive roles, mainly in household. This has resulted in an increased risk of gender-based violence, including domestic violence, early or forced marriages and bride kidnapping. This also limits their access (or information on how to get access) to security and protection, justice and statutory rights, education and healthcare services.

Girls prefer to hide the cases of sexual or other gender-based violence due to

7 NISS KR (National Institute for Strategic Studies) with UNICEF. Sociological survey among youth of Kyrgyzstan on migration. 2017 [https://kaktus.media/doc/358931\\_v\\_kakie\\_strany\\_mechtaet\\_yehat\\_kyrgyzstanskaia\\_molodej\\_opros.html](https://kaktus.media/doc/358931_v_kakie_strany_mechtaet_yehat_kyrgyzstanskaia_molodej_opros.html)

8 What makes citizens of Kyrgyzstan leave the country? [https://www.vb.kg/doc/375147\\_chno\\_zastavliaet\\_kyrgyzstancsev\\_yezjat\\_iz\\_strany.html](https://www.vb.kg/doc/375147_chno_zastavliaet_kyrgyzstancsev_yezjat_iz_strany.html)

9 Concept of youth policy for 2020-2030. Resolution # 56 of Government of the Kyrgyz Republic dated 18 October 2019 <http://cbd.minjust.gov.kg/act/view/ru-ru/157204>

10 <https://www.saferworld.org.uk/europe-and-central-asia-kyrgyzstan/youth>

11 <https://reforma.kg/post/62-zhertv-nasiliya-ne-idut-v-miliciyu-predlagayut-izmenit-standa/>

12 [https://kaktus.media/doc/398018\\_liga\\_zashitnikov\\_prav\\_rebenka\\_v\\_kyrgyzstane\\_nasilniki\\_detey\\_yvereny\\_v\\_beznakazannosti.html](https://kaktus.media/doc/398018_liga_zashitnikov_prav_rebenka_v_kyrgyzstane_nasilniki_detey_yvereny_v_beznakazannosti.html)

multiple taboos related to these issues.<sup>13</sup> Admitting premarital sexual interaction of any kind, whether consent-based or coercion-based, is considered as something that is violating the foundation of values. Girls note that they are scared to tell their parents about the rape, as parents may contact the rapist and try to convince him to marry their daughter due to the fear of victim condemnation. In such settings, in most cases there is a victim blaming. For the same reason, families may prefer not to report such cases to the police.

In some rural communities in the South of Kyrgyzstan, access of young women to education stops from the age of 15 due to pervasive traditional, cultural and socio-economic factors, including preference of families to invest in education and employment of their sons and make their daughters marry at an early age. Community pressure shapes persistent stereotypes that girls should strive to get married, and most part of their identity depends on their marital status. When young women leave the formal education system their access to sexuality education is denied.

Young women with disabilities face double discrimination, as well as the concept of direct and indirect disability and gender-based discrimination. Activists advocating for the rights of persons with disabilities talk about a serious underreporting of data on domestic violence and the lack of reliable statistics of such cases, particularly on domestic violence against women with disabilities. The law "On security and protection from domestic violence" adopted in 2017, does not mention persons with disabilities; therefore the state and local authorities

do not collect data and do not monitor prevention of violence against people with disabilities.<sup>14</sup>

Deeply rooted patriarchal norms contribute to gender-based violence in the communities, but due to the strong social stigma related to gender-based violence, some young women consciously turn to Islam hoping to get protection from the religious community that shows great support and solidarity in solving problems. Girls and young men are increasingly becoming religious, perceiving religious communities as more legitimate and more capable than state bodies to ensure protection, justice, public services, sources of income and a sense of identity, belonging and purpose.

Young people especially from key population groups are unprotected and are often subjected to the attacks of law enforcement agencies. Youth think that state institutions and persons responsible for ensuring security and justice are alienated and corrupt, which makes young people avoid contacts with representatives of security and justice systems. This increases their sense of isolation, injustice and insecurity.

For the past two years there has been a growing rapport of young people with their families, perhaps amid external threats occurred after the pandemic. Fear of losing their loved ones, perplexity of authorities, political changes and social shocks have dictated the need for youth to put family values first. However, the institution of family is not ready for meaningful provision of youth and adolescents with support

13 <https://reforma.kg/post/62-zhertv-nasiliya-ne-idut-v-miliciyu-predlagayut-izmenit-standa/>

14 How women with disabilities-survivors of domestic violence, live in Kyrgyzstan <https://eurasia.amnesty.org/2021/06/29/rodstvenniki-prinimayut-vse-resheniya-kak-odevatsya-cto-est-vyhodit-ili-ne-vyhodit-iz-doma-kak-zhivut-v-kyrgyzstane-zhenshhiny-s-invalidnostyu-perezshivshie-domashnee-nasilie/>

and security. In most cases, the family, or more precisely, its members, are the source of violence, discrimination and pressure. Thus, within the family, factors limiting communication on SRH are functional illiteracy of older generation on SRH issues, embarrassment, unreadiness to bear responsibility for functional literacy of young generation and lack of trust between generations in relation to sexual health issues.

Survey of young people’s views in Kyrgyzstan demonstrated that the vast majority of youth perceive homosexuality as something “unnatural”, “social disease” and a threat to the institution of family. They are against homosexual relations

or adoption of children by homosexual couples. In most cases, homosexuality is associated with gays, and not with lesbians, and men feel even more offended (and their role and code of conduct as challenged) than women. However, responses show that reflections about homosexuality are quite shallow. This topic seems to be “prohibited” as the majority of sexuality and sexual orientation aspects<sup>15</sup>.

15 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Youth in Kyrgyzstan. Bridging traditions and modernity. In collaboration with Ministry of labour, migration and youth of the Kyrgyz Republic and The Center for public opinion study and forecasting “El – Pikir”, 2015, Bishkek. [https://www.kinder-und-jugendrechte.de/documents/upload/2015-05-13\\_JugendstudieKirgistan\\_WEB\\_RU.pdf](https://www.kinder-und-jugendrechte.de/documents/upload/2015-05-13_JugendstudieKirgistan_WEB_RU.pdf)



## HEALTHCARE

Data from The National Statistical Committee of the KR on health status of youth and prevalence of various diseases show that in recent years (up to 2020), the overall morbidity rate in adolescents aged 15-17 years old has dropped almost by 2 times and comprised 226 cases per 1000 population of respective age. Yet, these data refer to somatic and non-communicable diseases.

In Kyrgyzstan, there is a steady growth in the number of teen abortions. According to data from the Republican E-Health Center (REHC) under the Ministry of Health and Social Development of the KR, adolescent pregnancy, birth rate and abortions vary from **8%** to **10%** from the total number of pregnancies and births. Hence, in 2019 there were 65 cases of pregnancy terminations among adolescents aged 14-17 years old and over 1, 400 cases – among teens aged 18-19 years. These are official data, but independent research of NGOs indicate that these numbers can be safely multiplied by three. Many adolescents prefer to seek services in private health clinics which is not reflected in official statistics.

Early motherhood is a social phenomenon, which has a considerable impact on subsequent socialization of girls. In Kyrgyzstan, it is related to early religious marriages, bride kidnapping, acceleration and early onset of sexual intercourse of teenagers, as well as sex crimes against children. Among girls under 20 years old, there is an increase in the number of pregnancies, which have ended in births. In 2018 alone, among those who have become mothers there were 7 girls under 14 years of age, 545 girls aged 15-17 years old and 5,661 girls aged 18-19 years old. In 2019, the total number of girls who

gave birth to children before the age of 19 was 612 cases more compared to 2018 (6,825 young mothers).

In the context of terminating humanitarian supply of contraceptives, since 2018, the Government of the KR has committed to procuring contraceptives from the state budget for the most vulnerable women from the risk groups. However, there was no such preferential advantage for youth and adolescents. Perhaps due to this reason, in 2019 coverage with contraceptives has declined by **60%** in comparison with 2015.

There is an increase in the number of people with HIV, and sexual transmission has become a predominant mode (over **70%** in 2019). The share of youth and teenagers in the total number of registered cases of people with HIV is as follows: under 14 years old – 7, **5%** and from 15 to 24 years old – **12%**. Experts say that there is a possibility that even taking into account those who do not officially register as having HIV, the number of persons living HIV/AIDS in Kyrgyzstan may be several times higher than official data.

The fact that adolescents are in the risk group for contracting sexually transmitted diseases is supported by the national statistics: annually there are registered cases of gonorrhea, syphilis, trichomoniasis in teenagers under 17 years old. As per Multiple Indicator Cluster Survey, out of sexually active young people aged 15-19 years old, only every 20th regularly uses condoms. Many teens are not willing to use condoms due to various reasons (trusting a partner, reduced tactile sensation, erection problems, etc.); besides, there is a low awareness of youth about modes of STIs transmission (there is opinion that HIV and

STIs are not transmitted through anal or oral sex)<sup>16</sup>.

Ministry of Health and Social Development of KR have undertaken some steps for introducing special services available to youth in health facilities, and in line with the Decree of MoH&SD of KR from 2012, the youth-friendly services have become a part of PHC and in the frame of this Decree there were outlined mechanisms for financing human resources/specialists. UNFPA supported the development and practical piloting of YFS in the country. Pilot health clinics delivering YFS were also supported. In addition, in the frame of the project of Reproductive Health Alliance (RHA) and the German Government, from 2012 to 2015, there have been established and equipped 10 youth-friendly units based in 7 public health clinics, 2 clinics of RHA and 1 private clinic. 'Counselling adolescents' course was introduced in the postgraduate program of medical specialists at the department of KSMIRAT (Kyrgyz State Medical Institute of Retraining and Advanced Training).

Yet, in the rapidly changing socio-economic setting of the COVID-19 pandemic, youth-friendly services either have been terminated due to the reorganization of primary health care facilities, or are provided in the general flow along with the adult population, or do not fully meet the needs of youth anymore. In some cases, during the quarantine, for adolescents and young people it was physically impossible to get to the health care facilities.

Research on the impact of COVID-19 on youth considered both youth in general and key population groups: youth living with HIV/AIDS, persons with disabilities, children of migrants, children from remote areas and LGBT community. The research revealed that the level of awareness on the existing health services among key groups is on average **5-7%** lower compared to the main youth group; they have a low level of awareness about access to reproductive health and sexuality education (**23, 2%**). Substantial difference is observed regarding awareness on access to health care services related to COVID-19 and education during the pandemic: **12-16%** lower in comparison with the major group. In contrast to the main group, almost in every questionnaire of PWDs group, respondents from LGBT community and PLHIV, there is a higher percentage of responses confirming that the quality of their lives have deteriorated amid the pandemic.

Data on key groups show that **18, 2%** have got to know about domestic violence cases more frequently during the quarantine in their community. Similar to the main group, the majority think that their peers who survived domestic violence do not seek help (**14,6%**) or that only a few of them seek assistance (**37,5%**). Half of respondents know where to turn for help if they or other people face domestic violence, although this indicator is a bit lower than that of the main group. However, only **10, 2%** of them would seek assistance if they were the victims of domestic violence. Research authors recommended undertaking additional surveys with a greater representation of these key population groups.

<sup>16</sup> UNFPA, 2017. Report on situational analysis on provision of services on prevention, diagnosis and treatment of sexually transmitted infections (STIs) in Bishkek and Osh [https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/report%20STI\\_DA\\_03.05.19.pdf](https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/report%20STI_DA_03.05.19.pdf)

There are no supportive programs and state benefits for the most vulnerable youth groups. Young people and adolescents from key groups – PLHIV, PWDs, SW, LBGTQ + still face vast legal, institutional and cultural barriers to receiving health services and resources in the sphere of SRH. There still remains a key barrier to healthcare services for many young people – a lack of privacy and confidentiality, as well as the need to pay for services using their own resources. For example, in the frame of health insurance, counselling on STIs is free, but testing for STIs and medicines for their treatment can be covered by the insurance only partially. Many young people consider informal payments practiced in the healthcare system as a serious barrier for receiving prevention, diagnosis and treatment services.

Some specific services popular among the key youth groups are actually unavailable due to the lack of qualified personnel. Thus, for instance, PA “Kyrgyz Indigo” conducted research “Mapping of services available for trans people in Kyrgyzstan in healthcare facilities”, and revealed that their beneficiaries did not get medical services because of mismatch between actual image/face and photo in passport or the lack of financial resources. Services in the context of HIV and other sexually transmitted infections, as well as tuberculosis, have turned out to be more accessible for trans people across the country. Yet the transition-related services of medical and legal nature are available only in the capital city. It is vital to note that without access to transgender-specific services related to transition, prevention programs will never be effective.

Physical accessibility of health facilities is of paramount importance

for youth from PWDS group in the context of equipping the infrastructure of polyclinics with appropriate ramps, elevators and equipment.

Experts insist that even given the availability of political will and relevant efforts of healthcare managers and health workers, healthcare institutions find themselves in ambiguous situations. The traditions of referring sexual and reproductive health education and behavior to “purely medical issues” raise the “expertness” of medicine and fully delegate the responsibility for provision of knowledge and skills to preserve the health of young people to them. Sexual and reproductive health as a medical term loses the respective humanistic meaning without participation of the institution of family and education system. Given that, everybody supports a repressive mechanism for overseeing SRH of youth, where free, rational and pragmatic management of one’s own body becomes impossible.

## EDUCATION

Emergence and spread of HIV among youth, increasing rates of STIs, abortions and infertility, sexual violence against children and adolescents and, last but not least, change of sexual behavior and attitude to sexuality among young people causes concern among adults and young people themselves. One of the key reasons for all the above-mentioned health issues faced by modern youth is the lack of proficient knowledge on sexual and reproductive health and unavailability of education on sexual and reproductive behavior.

According to the findings of different research papers, education and health are inseparable. Obtaining knowledge,

competencies and skills based on education is similar to vaccination against diseases representing threat to health. Education with the aim of maintaining health is an essential component of any education, as well as public health programs. Such education protects young people from behavioral, environmental and epidemiological threats, supplements services and supports society development policy.

Kyrgyzstan has a well-developed network of educational establishments of general and professional education. Nevertheless, as per estimates of the Ministry of education and science of the KR, the country lacks around 600 schools, and rural schools experience a shortage of teachers. As of the beginning of 2018/2019 academic year, there were 2, 3 thousand daytime general educational facilities that was 60 schools more than at the beginning of 2014/2015 academic year. The network of schools was expanded mainly due to the funds from private organizations (almost double increase).

Kyrgyzstan has been maintaining a high access to primary and basic secondary education for many years. Yet, as per UNICEF data, 6% of school-age children are out of school. Mainly they are late entrants, children with disabilities, working boys from rural areas and children of migrants. Due to the inadequate system for registration and monitoring of children's enrollment and attendance in schools, the actual scope of the school absenteeism is not sufficiently monitored and gradually leads to low learning outcomes. Increasing number of boys and girls drop out of school after 9th grade. Net attendance rate is lower in upper secondary education (10-11 grades): 59% – for boys and 56% – for girls.

The vast majority of children and youth can be covered by sexuality education that has an official status and is included into the school curriculum. Family is not ready to respond to questions on sexuality education in a meaningful way or they feel uncomfortable. Therefore, parents delegate this function to teachers and the education system. Why do the numerous latest research highlight that young people cannot get competent and exhaustive information on their health in the education system? In this case, a few powerful factors within and outside the system create limitations. One is the fragmentation of the program in the education system and inability of teachers to communicate important information in a simple way. Incomplete linguistic capacity (lack of standard of language SRH, especially in Kyrgyz language) on sexual and reproductive health issues, artificial tabooing of the topic by external actors is also a barrier for education workers for introduction and initiating educational programs. The pressure from the opponents of sexuality education in society remains a significant factor.

For thirty years of Kyrgyzstan's independence, there have been a few attempts to introduce sexuality education into secondary school curriculum. The first attempt was made in 2001 by the group of medical specialists and pedagogues under the leadership of Doctor Shapiro B.M., who, amid growing threats of HIV-infection, have developed a textbook on healthy lifestyle targeted at acquisition of safe sexual behavior skills among schoolchildren. However, a surge of negative reactions by parents forced the Ministry of Education and Science of the KR to reject this textbook and introduce sexuality education lessons.

In 2008, pedagogues of the Agency of Professional Vocational Education (APVE)

started promotion of comprehensive sexuality education with support from UNFPA in KR. The textbook on sexuality education was developed and approaches ensuring provision of student youth with access to elements of sexuality education were actively introduced. In this case, the focus was on safe sexual behavior, prevention of STIs and HIV, and prevention of gender-based and sexual violence. Yet, it should be noted that change of key specialists and reorganization of the management system in APVE did not allow maintaining program capacity at all levels of professional vocational education. At present, educational interventions on health and relationships issues mostly depend on individual willingness and initiative of pedagogues in the field (in training schools and colleges).

Publishing the “Standards for Sexuality Education in Europe” in 2010, supported by WHO and numerous international partners, has become a landmark event for a deeper understanding of the essence of sexuality education and issues of introducing it into the school system. Dialogues and consultations in the frame of discussions at international platforms helped to engage the leading specialists of Kyrgyzstan in reflections regarding the content of national programs and guidelines. Currently, this document is one of the most high quality and evidence-based tools for advocacy of CSE in the KR.

In 2014, with support from development partners, the Ministry of Health and Ministry of Education and Science of the KR have developed Guide ‘Designing Homeroom Classes on Healthy Lifestyle for Students of Grades 6-11’ in Kyrgyz and Russian languages. For each grade, there were envisaged 8 to 10 lessons per year (in total 40 hours) which include age-specific issues of ethical and sexual education of

adolescents. However, the lessons where adolescents obtain the required knowledge and life skills and information on the precautions and a healthy lifestyle are not part of the compulsory education. They are held in the format of extracurricular hours at the discretion of teachers. Yet, the choice of topic is up to the teachers and often depends on their personal attitudes and understanding.

For supporting scaling up of this initiative, the Guidelines were printed in two languages, and this contributed to the availability of methodological guidelines in every school, but, unfortunately, not for every teacher. Besides, the majority of teachers faced difficulties with conducting such lessons: they needed respective training, knowledge and materials that could be of interest for adolescents; they had to face the opposition of parents or overcome their own embarrassment. Most teachers (73%)<sup>17</sup> уверены в положительном результате комплексного сексуального образования для школьников, однако они же отмечают, что существует высокая потребность педагогов в дополнительном обучении по вопросам КСО.

are confident of the positive outcomes of the comprehensive sexuality education for school children, but they also note that there is a strong need of teachers in additional training on CSE issues.

To this problem, in 2017-2021, in line with Decrees of the Ministry of Education and Science of the Kyrgyz Republic, Kyrgyz State University named after Arbaev has introduced training of pedagogues on methodology of delivering ‘Healthy

17 Access of adolescents to compulsory sexuality education in schools of the Kyrgyz Republic. Research of “Smart Zharan” association, RHA, 2019.

lifestyle' homeroom classes, in partnership with UNESCO IITE (Institute for Information Technologies in Education) in the frame of the regional program of technical assistance from UNAIDS and UNESCO program on education for health and well-being. According to data from partners, between 2017 and 2019, more than 600 teachers from 207 secondary schools of Osh, Jalal-Abad, Naryn, Karakol, Talas, Batken, Kara-Suu, Balykchy, Tokmok, Cholpon-Ata and Bishkek cities were trained in the methods of delivering health promotion lessons using the Guide 'Designing Homeroom Classes on Healthy Lifestyle for Students of Grades 6-11'.

Large-scale work was undertaken to train students of pedagogical specialties on a new training module (course) "Healthy lifestyle". The module (course) was intended for shaping a holistic view of the comprehensive approach to preserving and maintaining health of students, prevention of HIV and shaping knowledge, skills and attitudes for healthy lifestyle and responsible behavior.

In 2020-2021, in the context of the COVID-19 pandemic and with the aim of strengthening capacity for online education, as per request of the Ministry of education and science of the Kyrgyz Republic, there were produced 48 video lessons on healthy lifestyle (24 in Kyrgyz and 24 in Russian) for students of 6-7 and 8-11 grades. Video lessons provide complete and accurate information on all key topics of healthy lifestyle (HLS) in an engaging manner, ensuring a unified standard of education quality on HLS. These can be used at lessons (for offline classes) and for online education. The lessons were

produced in partnership with the popular YouTube science channel "Nauchpok" with the help of a special methodological guide<sup>18</sup>. These video lessons were adapted and translated into Kyrgyz and were recommended by the Ministry of education and science of the Kyrgyz Republic for use during healthy lifestyle lessons in schools.<sup>19</sup> These video lessons on healthy lifestyle are available from the Sanarip Sabak educational portal and are available in Kyrgyz<sup>20</sup> and Russian<sup>21</sup> languages.

Thanks to the introduced course on homeroom classes on HLS, there were achieved good results in terms of students' knowledge on HIV prevention, which can also be attributed to the outcomes of other interventions. As per research held by RHA and "Smart Zharan" association, more than **70%** of students managed to correctly name the ways of HIV transmission. Nevertheless, there were identified some substantial gaps related to the issues of responsible sexual behavior, unintended pregnancy and use of contraception methods. Both students and teachers have mentioned this. There is a clear association between high rates of adolescent pregnancy, abortions and sexual violence. Some topics are discussed at lessons but they do not provide the necessary knowledge. Hence, for example – students (**48%**) and teachers (**69%**) who participated in survey, have noted that although the topic on sexually transmitted infections is elaborated during homeroom classes, yet

18 Guide on use of video clips for homeroom classes on healthy lifestyle <file:///F:/%D0%9A%D0%A1%D0%9E%20%D0%B8%D1%81%D1%81%D0%BB%D0%B5%D0%B4/Posobie-po-ispolzovaniyu-videorolikov-na-urokah-ZOZH-russkij-yaz.-1.pdf>

19 <http://arabaev.kg/index.php?e8b21e13ffb61794833c93e774670f7c=vieo1>

20 [https://www.youtube.com/watch?v=SHgrX\\_C19zk&list=PLYjVMFi4TYVfnBWh3Wz1b8RHWluggNydh](https://www.youtube.com/watch?v=SHgrX_C19zk&list=PLYjVMFi4TYVfnBWh3Wz1b8RHWluggNydh)

21 [https://www.youtube.com/watch?v=z2AntkFG8eg&list=PLYjVMFi4TYVcpW-fgy\\_V\\_EKQzki2UWyuN](https://www.youtube.com/watch?v=z2AntkFG8eg&list=PLYjVMFi4TYVcpW-fgy_V_EKQzki2UWyuN)

the schoolchildren were unable (4%) to name at least three STIs<sup>22</sup>.

It is obvious that introduction of sexuality education and its efficiency (as knowledge and skills of students) should undergo respective control and evaluation. In Kyrgyzstan, there has not been any evaluation of the interrelation and impact of education (its content) with behavioral outcomes in adolescents. At the national level, there are no approved evaluation tools that can provide an adequate picture of education effectiveness, although the experience of other countries shows that such tools are available and they can be assessed and integrated simultaneously in several public systems (healthcare, education, finance, social protection and even law enforcement systems).<sup>23</sup>

For enhancing effectiveness, there should be a comprehensive approach so that sexuality education programs are considered not separately from other issues, but become an integral component of wider initiatives targeted at improving health status and well-being of youth, which can be tracked both when assessing knowledge and skills of students and through indicators of youth and adolescent health. For this reason, relationships between education and healthcare systems should be implemented more deeply and supplement each other. Studies demonstrate that students are least informed of where they can turn for help on contraception, unintended pregnancy and male health issues<sup>24</sup>.

There is a high demand for information among the schoolchildren. For instance, adolescents who participated in the survey said that most of all, they need additional information on gender equality, puberty and prevention of sexually transmitted infections. It is important to emphasize that boys are more interested in getting information on puberty issues (37% of boys and 31% of girls). For girls the priority issue is gender equality. Students from classes with Kyrgyz language of instruction demanded more information on puberty of boys and girls – 31%, whereas 31% of students from classes with Russian language of instruction seek information on gender equality.

Family, school and alternative sources of information (non-formal education, mass media, peer, etc.) are full-fledged partners of educational process, which to some extent influence the content of discussion with adolescents about reproductive health, growing up, interpersonal and sexual relationships, basic safety measures for protection from HIV, STIs and unintended pregnancy. At the same time, limits of responsibility and functions of each party are not always clear, which frequently becomes a factor complicating provision of quality sexuality education that is age-appropriate, culturally responsive and value sensitive.

Definitely, sexuality education in schools is a supplement but not a substitute of what parents can provide in the family context. Nevertheless, this task cannot be fully delegated to families. The role of the education system is also to try to fill in the gaps in parents' knowledge. Parent meetings and meetings at schools can become such a platform for dialogue with parents and the opportunity to inform them about modern systems for family support in the area of sexuality education of children. In Kyrgyzstan, this practice is often used by

22 Access of adolescents to compulsory sexuality education in schools of the Kyrgyz Republic. Research of "Smart Zharan" association, RHA, 2019.

23 [https://www.euro.who.int/\\_data/assets/pdf\\_file/0011/70103/en67r.pdf](https://www.euro.who.int/_data/assets/pdf_file/0011/70103/en67r.pdf)

24 Access of adolescents to compulsory sexuality education in schools of the Kyrgyz Republic. Research of "Smart Zharan" association, RHA, 2019.

private schools, which proactively develop parent skills. Yet, public schools do not practice such approaches. This is probably due to the high workload of class supervisor and social pedagogue/psychologist.

The society shapes the culture of positive attitude toward health and norms of sexual behavior and relationships among the younger generation not only through access to education, but creation of a supportive environment that can indirectly influence adolescents' acceptance of their body image, physical attributes of other people, their safety and bodily integrity. For example, availability of school toilets with hot water and separate cubicles substantially increases the chances of girls to maintain menstrual hygiene without having to stay away from school. Well-lighted streets on the route to school can help prevent violence in teenager groups and violence against them. However, currently in a significant percentage of rural and urban schools there are outdoor toilets (latrines) without doors, partitions, access to water, toilet paper and sanitary bins for disposal of sanitary products. Infrastructure of the majority of school toilets prevents girls from adequate and private maintenance of menstrual hygiene. According to schoolgirls, in winter it is more problematic to use toilets: they are dimly lit, very cold and dirty.

It should be mentioned that there have been positive changes in the awareness of their role among parents of adolescents; the family has to modify the quality of their participation in the life of adolescents and youth, including raising awareness on health issues. Thus, the latest research held by "Reproductive Health Alliance" on knowledge and skills on menstrual hygiene (2021) revealed that the majority of girls (74,4%) get information on puberty and menstruation from their mothers or close female relatives (46,6%), followed by female friends (11%). Some 10 years ago,

this situation was diametrically opposite. Hence, female friends/friends were more popular sources of information (up to 54% in 2008). Unfortunately, rural teachers have actually stopped being the source of information for girls, and the school as such is mentioned less frequently by teenagers as a place where they can obtain knowledge on the issues of development, sexual and reproductive health.

Mothers of adolescents do not always possess sufficient knowledge on these issues, mistakenly assuming that other public structures and institutions are engaged in the education of girls. Comparison of data from some questionnaires of girls, their mothers and teachers shows that sometimes adults overestimate the role of some public institution in raising awareness of adolescents, in fact, the situation is completely different<sup>25</sup>. (Results of survey among schoolgirls, their mothers and teachers – rural region).



25 Study on knowledge, skills and practices of adolescent girls, their teachers and mothers regarding menstruation and menstrual hygiene in pilot villages of Ton district of Issyk-Kul province ("RHA" PU and Good Neighbors in the Kyrgyz Republic). 2021.

SITUATION ANALYSIS REPORT on introduction of Out-of-School Comprehensive Sexuality Education among adolescents and youth in Kyrgyzstan

Answer options	Questionnaire for girls "Who was the first to provide you with information on menstruation?"	Questionnaire for mothers "In your opinion, where did your daughter get information about menstruation?"	Questionnaire for teachers "In your opinion, where do girls from your school get information about menstruation?"
In family (from mother)	<b>74,4%</b>	<b>83%</b>	<b>86,7%</b>
In family from other relatives	<b>46,6%</b>	<b>11%</b>	<b>66,7%</b>
In school (at lessons, from teachers)	<b>3,3%</b>	<b>22%</b>	<b>8,9%</b>
In health facility (from doctor)	<b>0</b>	<b>5%</b>	<b>44%</b>
From female friend	<b>11,1%</b>	<b>46%</b>	<b>46,7%</b>
In the Internet	<b>2,2%</b>	<b>19%</b>	<b>53,4%</b>

Needless to say, that family covers only major issues of adolescents' puberty issues and it is important to bear in mind that parents themselves lack competencies on many issues of sexual health, interpersonal communication, adaptation and socialization of adolescents. Moreover, the latest developments in the country show that frequently the family becomes the source of violence and abuse. The scope of violence against women and girls in the context of isolation in families has to be evaluated, and the consequences will have a long-term effect. As per official data, violence increased by 65% compared to the similar period last year<sup>26</sup>. Comprehensive sexuality education is a powerful tool for combatting violence, maltreatment and discrimination against children and teenagers. If the nature of CSE is multifaceted, then its outcomes and benefits go far beyond the school setting and education system.

Overall, the institution of education has abruptly lost its influence and significance among young people. Growing issues of staffing schools with professional pedagogues, weak competitiveness of secondary and high schools graduates were aggravated by the shocks to the educational system that occurred as a result of the social consequences of COVID-19.

Increasing number of youth and adolescents receive education in madrasah in parallel with secondary school or without attending it. Religious organizations and communities actively engage in raising awareness of youth and teenagers. According to the estimates of the State Commission on Religious Affairs, as of early

2018 there were 114 religious educational establishments including 9 institutions, one university, 104 madrasah or educational centers in Kyrgyzstan. The Spiritual Administration of Muslims of Kyrgyzstan has registered 107 organizations as Islamic educational institutions. Only 92 of these institutions are currently functioning. As per religious leaders, the sphere of sexual and reproductive health being one of the fundamental pillars of human well-being deserves special attention of Islam religion, as it is integral for the upbringing and precreation of Muslims. Islam religion in Kyrgyzstan aspires to be the main and the only institution that is designed to bring awareness, knowledge and faith of believers in the sphere of SRH, and therefore it is often opposed to CSE initiatives in and out of school, making loyal parents to resist.

The uniqueness of Islam as a key actor in SHR lies in the way, how religious leaders have tailored the language to convey their messages. Adapted language meeting the needs of "clients" does not provoke their rejection. This is evidenced by the readiness and ability of religious leaders to share any kind of information including extremely sensitive and private information having it preliminarily processed in the context of Islam. In the language mode of speaking about SRH of great importance is the fact that it uses not only the pillars of the verses and Surahs (chapters) of the Quran, which require the understanding of a religiously educated devotee, but also widely refers to symbolic stories from Hadiths (narration of the Prophet<sup>27</sup>).

26 Report on the results of survey "Impact of COVID-19 on livelihoods of women and men in the Kyrgyz Republic". Gender rapid assessment as of 15 May 2020 [https://kyrgyzstan.un.org/sites/default/files/2020-06/RUS\\_Gender%20Rapid%20Assessment%20of%20COVID-19%20impact\\_May%202020\\_final.pdf](https://kyrgyzstan.un.org/sites/default/files/2020-06/RUS_Gender%20Rapid%20Assessment%20of%20COVID-19%20impact_May%202020_final.pdf)

27 SRH landscape: What to do? Who is to blame? (Exploring barriers for provision and receiving youth-friendly services on reproductive health. "RHA" PU) 2015.

## INTERNET AND SOCIAL MEDIA

In Kyrgyzstan, expanding access of youth to the Internet is attributed to rapid development of mobile technologies. As per data from the State Agency for Communications, in 2016 around 4, 54 million users or **79%** of the total population in Kyrgyzstan had technical access to the Internet. Access of the overwhelming majority of users is based on mobile communications. This has ensured access of schoolchildren and students to online education in 2020-2021 academic year, during the pandemic.

Yet, 13 % of rural male students noted that the lack of access to technologies prevented them from continuing their studies during the lockdown; urban girls from the same reference group provided the same answer (**10,7%**). Urban male students had fewer issues with access to technologies (**3,6%**).<sup>28</sup>

For youth, the key source of information on sexual and reproductive health and rights is the Internet (**40,6%**). Hotlines are the least popular source of information (**3,3%**). Survey analysis has shown that boys prefer to receive information from Internet sources (**45,1%**) and discussions in social media (**18,9%**), whereas girls use numerous information channels and often consult with health workers (**18,5%** of girls get information from family doctor and **13,2%** from gynecologist).

It is already evident that some parts of young people's lives including issues of sexual and reproductive health and culture have shifted to the virtual sphere. Communication, education, political and social events largely happen on the

Internet and are discussed there. Internet communities with their own values and attitudes are created, and in most cases, for youth, their opinion is as influential as that of real friends, family members or specialists. These communities are already competing with each other for each user.

Majority of organizations working with youth and for youth, have understood the key trends a long time ago and bring their content as close as possible to young people through the Internet. Surely, user skills and availability of the Internet play a vital role for teenagers and youth, and in this sense, rural youth lag behind urban youth. On frequent occasions, language barriers and established "habits" when using the Internet do not allow young people and adolescents to turn to high-quality social media and online platforms, and they get stuck on "personal contacts" as the major source of information.

Development of platforms shaping high-quality content on SRH issues in Kyrgyz language segment is just starting to gain momentum. At the same time, not all contents "are equally good", some of them are actively promoting conservative traditional values and they are full of inaccurate data or manipulate information. Therefore, some young people use Russian language platforms for getting information and a small number turn to English language platforms, which, by the way, offer a wide range of information on SRH issues.

When exploring the Internet in terms of online platforms in the 'kg' space which style their content as informative on sexual and reproductive health and rights, there were collected 13 informative web pages, 7 of them are in Russian, 2 in Kyrgyz, 4 in both Russian and Kyrgyz languages. Moreover, there are 5 podcast channels,

28 UNFPA, UNICEF. Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan. [http://www.donors.kg/images/docs/reports\\_and\\_studies/Report\\_on\\_the\\_results\\_of\\_a\\_survey\\_on\\_the\\_impact\\_of\\_COVID\\_19\\_on\\_youth\\_ru.pdf](http://www.donors.kg/images/docs/reports_and_studies/Report_on_the_results_of_a_survey_on_the_impact_of_COVID_19_on_youth_ru.pdf)

2 of them are in Kyrgyz language. 64 % of web pages are Instagram accounts where all information is disseminated. 22 % of web pages are TV series/books that feature information. **14%** of web pages are events/exhibitions.

Authors of these platforms cover the diverse and relevant topics supported by facts and examples from real life. For instance, gender equality, sex and sexuality, feminism and family planning, attitude toward virginity and sexual activity of girls.

On Instagram accounts, it is possible to get feedback from readers in the form of comments or direct messages or the so-called "Direct". However, there is a risk of being blocked by Instagram based on complaints from angry users, which might be provoked by conservative opponents of sexual education, among others.

On the web page Teens.kg there is a survey after each post to get feedback on the topic they cover. The contrary situation is with podcast channels – they have a one-way communication of information since the type of podcasts presented is audio program, and it is impossible

for users to share their opinion or ask questions. Podcasts are not equipped with the function of commenting on the material. Users can listen to podcasts on such platforms as:

- <https://www.listennotes.com>
- Apple Music
- Yandex Music

Target audience of web platforms is young people; in most cases, adults have no idea about them. All material is presented in a simple and engaging way. Any person can turn for help/consultation. For example, RHA pages have the feature for getting referral to health clinic for consultation; qualified health workers can provide free of charge examination to victims of sexual violence and even give an emergency contraception. Online Chatbot created by the Bishkek Feminist Initiatives can provide online consultation to women about their rights. Yet, the research team did not have an opportunity to assess whether the information provided by the above-mentioned channels was acceptable and if it has fully met the needs and requirements of young people.



## Online projects

	Title and internet link	Project type	Project theme	Language	Responsible party
1	TSI <a href="https://tsiauca.kg/">https://tsiauca.kg/</a>	Exhibition	Gender –based violence	Russian	Students
2	Open line <a href="https://openline.kg/new/">https://openline.kg/new/</a>	Game-TV series	“Ala-kachuu” (bride kidnapping)	Russian and Kyrgyz	Munara Beknazarova
3	LUBI.kg <a href="https://www.instagram.com/lubi_kg/?hl=ru">https://www.instagram.com/lubi_kg/?hl=ru</a>	Instagram page	Safe sex, family planning (FP)	Russian	Support from the UN
4	Chpok-Chpok <a href="https://www.instagram.com/chpok4pok/?hl=ru">https://www.instagram.com/chpok4pok/?hl=ru</a>	Website, Instagram page, podcasts	FP, SRH, sexting	Russian and Kyrgyz	Aikanysh Eralieva
5	Website of RHA and Instagram pages <a href="http://sexedu.rhak.kg/">http://sexedu.rhak.kg/</a>	Website, Instagram page, health clinic		Russian and Kyrgyz	RHA team, health specialists of RHA clinic
6	Art_today_kg <a href="https://www.instagram.com/art_today_kg/?hl=ru">https://www.instagram.com/art_today_kg/?hl=ru</a>	Instagram page	HIV/AIDS	Russian	Support from UNFPA
7	teens_kg <a href="https://www.instagram.com/teens_kg/?hl=ru">https://www.instagram.com/teens_kg/?hl=ru</a>	Instagram page, TV series, live broadcasts with gynecologists	CSE, FP, youth	Russian	Elina
8	Эже-синдилер (Older and younger sisters) <a href="https://www.instagram.com/eje_sindi_official/?hl=ru">https://www.instagram.com/eje_sindi_official/?hl=ru</a>	Instagram page	FP, gender, feminism	Kyrgyz	Support from Azattyk
9	bishkekfeminists Bishkek Feminist Initiatives <a href="https://www.instagram.com/bishkekfeminists/?hl=ru">https://www.instagram.com/bishkekfeminists/?hl=ru</a>	Creation of Chatbot, survey	Feminism, solidarity, gender, SRHR	Russian	Nura Milamori/Gulayim Grini
10	QueerBiz <a href="https://www.instagram.com/queer.biz/?hl=ru">https://www.instagram.com/queer.biz/?hl=ru</a>	Book “Adam +”, dissemination of information/exhibitions/events	FP, feminism, gender	Russian and Kyrgyz	UNDP Temir Oroztegin

11	She is nomad <a href="https://www.instagram.com/she-isnomad/?hl=ru">https://www.instagram.com/she-isnomad/?hl=ru</a>	Instagram page	Gender	Russian	Alina Zhetigenova
12	Эркин кыз (A free girl) <a href="https://www.instagram.com/erkinkyz/?hl=ru">https://www.instagram.com/erkinkyz/?hl=ru</a>	Instagram page	Building capacity of girls, gender	Kyrgyz	Aizirek
13	psycholog_kg <a href="https://www.instagram.com/psycholog.kg/?hl=ru">https://www.instagram.com/psycholog.kg/?hl=ru</a>	Counselling	Sex, relationships	Russian	Specialist-psychologist

### Онлайн подкаст-каналы

	Title	Website	Theme	Language	Responsible party
1	Больше, чем секс (More than sex)	<a href="https://www.listennotes.com/ru/podcasts/больше-чем-секс-azat-and-salima-3r9-OKCpXtj/">https://www.listennotes.com/ru/podcasts/больше-чем-секс-azat-and-salima-3r9-OKCpXtj/</a>	Contraception, HIV, sexuality	Russian	Azat and Salima
2	Вторая смена (Second shift)	<a href="https://www.listennotes.com/ru/podcasts/вторая-смена-begaiym-adzhikeeva-tYIC7A18jbW/">https://www.listennotes.com/ru/podcasts/вторая-смена-begaiym-adzhikeeva-tYIC7A18jbW/</a>	Menstruation, feminism, combatting harassment, sex toys, violence	Russian	Begaiym
3	Чууш уялба (Do not be shy)	<a href="https://podcasts.google.com/feed/aHR0cHM6Ly9hbmNob3luZm0vcy8zNTU-wMzNkOC9wb2RjYXN0L-3Jzcm==">https://podcasts.google.com/feed/aHR0cHM6Ly9hbmNob3luZm0vcy8zNTU-wMzNkOC9wb2RjYXN0L-3Jzcm==</a>	Women in politics, reproductive organs, sexuality	Kyrgyz	Support from SFK Author - Mamatkazy Rasul uulu
4	Эки дарыгер (Two doctors)	<a href="https://soros.kg/archives/23611">https://soros.kg/archives/23611</a>	HIV/AIDS, stigma, sexuality	Kyrgyz	ErmeK Ismailov
5	МГД (MGA - Ministry of gender affairs)	<a href="https://open.spotify.com/show/6WK5OvAkBX8bGB4m-mjtCii">https://open.spotify.com/show/6WK5OvAkBX8bGB4m-mjtCii</a>	Feminism, mental health	Russian	Tilek and Elvira

## INTERNATIONAL ORGANIZATIONS AND DONOR AGENCIES

international donors have assisted multiple public associations of Kyrgyzstan to build successful models of protecting the rights of socially vulnerable populations, ecology, education and healthcare. It was particularly essential to work with the key population groups that were not covered by public education and healthcare due to various reasons. They facilitated stimulating social activity and participation including youth from KPG in decision-making processes and discussion of critical health issues. Ultimately, only due to the financial and technical support of international and donor organizations it has become possible to achieve such a high level of NGO (non governmental organizations) development.

In this research, the category “international organizations and donor agencies» is uncritically generalized as this category can contain the most diverse structures promoting somewhat contradictory values. For instance, “donors” could also be those organizations that could finance CSE in a certain NGO without having their own strategies related to CSE.

“Mainstream” list of international organizations and donor agencies supporting comprehensive sexuality education is represented by the UN agencies (WHO, UNICEF, UNESCO, UNFPA, UNAIDS). Thanks to these organizations, the definitions and approaches to sexuality education are adopted; local SRH standards are developed and implemented; and, in line with the initiatives of these organizations, the Kyrgyz Republic reports on implementation of SRH policies. Their role is not only to “shape the agendas” for the activities of

the national Governments and local authorities, but also to ensure resources for this work. It is worth noting that these organizations place equal importance on the development of sexuality education programs both in formal and out-of-school settings. Nevertheless, there are still some preferences: thus, the vision of UNFPA and UNAIDS is the development of members of society who are able to promote information in the context of the group’s peculiarities, with focus on behavioral aspects of youth from KPG. Alternatively, UNESCO and WHO tend to work with official public structures and academic communities, considering that for Kyrgyzstan it is reasonable to name CSE as comprehensive education on health and relationships.

UNESCO IITE also supports establishment and development of digital resources for adolescents and youth on sexual and reproductive health and relationships, such as the community TEENS.KG in Instagram and Chatbot Ойло (Think), which is planned to be launched in autumn 2021. Besides, in 2020 UNESCO jointly with UNAIDS and the MEDIA KITCHEN production studio produced the TV series “School Elections” about school, violence, bullying and adolescents living with HIV, which has reached almost 2 million views.

It is worth acknowledging the role of organizations whose mandate is working with HIV/AIDS issues. These organizations contributed to maintaining the coverage of youth from KPG with education where the issues of integrating SRH and HIV are considered, which has provided opportunities for expanding educational interventions and discussing sexuality, gender rights, contraception and family planning. In addition, the symbolic capital represented by these structures allows the

country to be more or less successfully involved in the global processes of resource allocation and political support. However, there have been numerous attempts to narrow preventive measures to exclusively HIV, ignoring even STIs.

One can say that those international organizations that chose strategies for institutional support for nonprofit organizations have won because these NGOs managed to stay afloat in tough times and develop the most professional staff teams, preserving the institutional memory. Out of such international organizations it is important to mention such organizations as IPPF (International Planned Parenthood Federation), Good Neighbors International, DanChurchAid and Soros Foundation Kyrgyzstan. Due to the support of donor agencies, civil society organizations became versatile: they provide various services both to different population groups and public institutions, teach youth leadership skills, provide additional education to vulnerable populations and protect their rights.

Taking into account the ambiguous attitude of society in Kyrgyzstan toward sexuality education, many international organizations do not want to disclose their support or transform their approaches utilizing only some elements of CSE, which results in the ultimate change of NPO strategy, not always in favor of the quality of knowledge and consistency in the educational process.

There is no unity even among the supporters. Every one seeks their own effective path. Thereby, the projects supported by international partners can include issues of sexuality education, but be presented as gender or human rights issues.

There is a broad understanding regarding the consumers of CSE programs. UNESCO experts believe that school programs should be available for all students and formulated taking into account the needs of all schoolchildren irrespective of their gender identity, sexual orientation, HIV status or other diseases/chronic conditions, ethnic origin, language, religious views, etc. Children left without parental care, just like other children, attend mainstream schools and they do not need special programs. Ideally, such programs should be tailored for children/young people with developmental special needs including disabilities.

Amid "attacks of opponents" to official education, many representatives of international organizations think that the solution is introduction of non-formal CSE, and it is needed for school children, students of training schools, colleges, the entire youth aged 18-20 years old; and it will be beneficial both for young and older people in case if they did not get it at relevant time at school. Others are sure that key population groups will be the most effective beneficiaries of the program as they are more isolated and need more information.

Representatives of international organizations note that for the past years there was a substantial reduction of funding and technical support for educational and preventive programs and projects on SRH and HIV among youth; humanitarian supplies of resources (contraceptives, condoms) dwindled by dozens of times and these trends will only intensify. Decline in funding by western donors will cause the situation when organizations (NGO) will start shifting to mixed forms of financing, but in this case, their services for the state or populations will no longer be free.

## NON-FORMAL SEXUALITY EDUCATION: THE ROLE OF NONPROFIT ORGANIZATIONS. SURVEY RESULTS.

In the Kyrgyz Republic, as per data of the Ministry of Justice, there are over 30 thousand registered NGO, of them, more than 700 are youth public associations, but only nearly **10%** of them are actively working. These organizations concentrate their work around a few activity areas: leadership and youth participation, migration, education, gender rights and social support, prevention of HIV and STIs transmission in key population groups and maintenance of health, as well as unifying youth groups facing various issues and vulnerability in development issues.

In the frame of this research, there was a sampling of organizations that position the rights and health of youth, access to information and education as part of their mission and strategies. In practice, it has turned out that these organizations are heterogeneous, and accept and perceive sexuality education with ambiguity. Some of them have long-term work experience (15-20 years) in promotion of comprehensive sexuality education in the country, whereas others only commence using some components of sexuality education. It should be noted that more than **60%** of these organizations are run by young managers under 30 years of age. Half of these NGOs are small organizations with staff comprising 3 to 5 people and they rely on volunteering and active participation of young people. Only one third of them have dedicated employees working with youth and educational programs.

In their work, the vast majority of organizations apply a "peer-to-peer" approach for educating teenagers and young people, which have proven

to be one of the most effective and popular tools. It allows rapid covering of a specific group and engaging youth in planning, implementation and evaluation of educational interventions in the communities of young people. The popularity of the approach among the youth is attributed to high level of trust, which is achieved due to the lack of age, cultural and ethical barriers.

In Kyrgyzstan, this approach has been used in preventive programs since 2001. Such organizations as "Reproductive Health Alliance" and "Kyrgyz Family Planning Alliance" have pioneered these programs widely including issues of sexual and reproductive health. Enthusiasm at the commencement of these programs has faced a complete lack of support from the state, followed by aggressive attacks of traditionalists and conventionalists. However, within 20 years it has demonstrated its sustainability, efficiency and cost-effectiveness. Educational facilities are pleased to engage "peer" educators from NGOs for organizing events and educational activities in the frame of remarkable dates (World Tuberculosis Day, World No Tobacco Day, or World AIDS Day). Interactive tools, catchy and engaging handout materials are always available in such organizations and can hold the attention of numerous school and student youth. Usually such organizations have a broad set of educational materials and cover a wide range of sexuality education topics.

Other NGOs such as PA "Labris", PA "Kyrgyz Indigo" based on membership of youth from the communities, initially set the goal to develop the capacity of organization's members, and their educational programs contain large modules on acquisition of life skills and protection skills based on the needs and specific features of the

group. Their materials can have essential information on sexual practices and resources, on the rights and integration, but the educational activities as such require greater confidentiality and privacy to ensure security and protection for members of society.

There was a great transformation of the approach to the development of the educational program of PA “Center for the protection of children” (CPC). This organization was the first to join peer-to-peer education in 2002 on HLS (healthy lifestyle) for street adolescents and social orphans, and now some of these teenagers became specialists of the organization and shape approaches to educating children and members of their families considering the experiences that they received in the programs. UNICEF in the KR has facilitated the development of peer-to-peer learning; with UNICEF’s support, in 2005 CPC has tailored and translated the guideline “Friends talk with friends on the street” into Kyrgyz, which is still successfully used by specialists of the Center.

One of the paramount objectives of non-formal sexuality education is approachability of different youth groups and here it is necessary to pay regard to which key youth group and which level of vulnerability the organization deals with. For a few years, in the National Red Crescent Society there has been a prospective team of young trainers and various guidelines on first aid provision, preventing transmission of HIV, prevention of stigma and discrimination toward PLHIV. It is crucial that this organization has a network structure and is represented in the regions of the country, but at the same time, currently NRCS does not possess sufficient capacity to cover key youth groups and most likely, their training programs are in demand through organized school

and student youth. As for the Good Neighbors organization, it has focused on the dialogue with rural communities, and through construction of school toilets, it has achieved comprehensive support from parents, teachers and local authorities for introducing learning components on sexual development and health for girls from 5-11 grades.

It should be mentioned that all surveyed organizations are well aware of the needs and requirements of their target groups, but note that a volatile environment requires new tools and technologies for high quality assessment and analysis of the needs and requirements of youth in their segment. The situation that has considerably changed due to COVID-19 pandemic requires reevaluation of approaches for approachability of key groups.

Another issue related to natural “ageing” of teams in NGO that worked with youth from key groups leads to the situation when the organization gradually loses its influence and popularity among youth and/or needs to review and update their strategies. The following organizations working with vulnerable groups face such situations: drug users (PF “Asteriya”, Network of Harm Reduction, PF “Ranar”, PF “Delta”); LPHIV (PU “Association of PLHIV”, PF “Otkrovenie” (Revelation); sex workers (PF “Tais+”, PF “Podruga” (female friend), PF “Ayan-Delta”), which are supported by Global Fund. Initially, the content of educational programs and projects of these organizations focused on prevention of HIV and safe behavior among youth from key groups and integration with sexual and reproductive health issues. However, over time, the consumers of programs while remaining supporters of organization’s work, were ageing, shifted to another age

group, integrated and have quite different needs for information and services.

PU “Reproductive Health Alliance” has a long-term program (since 2001) of sexuality education for youth and adolescents in the frame of peer-to-peer principle and covers youth from five regions of the country where the organization has its branches. Considering “turnover” among young people, annually the organization prepares teams of new trainers through basic training, and updates their methodologies. The Alliance concentrates on SRHR issues (sexual development, sexuality and sexual orientation, unintended pregnancy, family planning, contraception for youth, abortions, prevention of HIV and STIs, sexual violence, safe behavior), and utilizes and tailors a wide array of guidelines developed by IPPF, Y-PEER, Y-SAFE, WHO, UNFPA, experts and young members of the Alliance. It ought to be remarked that volunteers and peer educators of the Alliance receive strong professional support from the specialists of Youth-Friendly Clinic (YFC). They can consult with specialists and, if needed, refer adolescents from various vulnerable groups to YFC. The Alliance has an interesting experience of engaging parents of peer educators to the activities and projects of organizations which ensures support of adults and expanding the influence of the program. From 2009 to 2014, volunteers of the Alliance have been engaged in the “Dance4Life” project that was implemented by the Alliance in Kyrgyzstan.

PF “AIDS Foundation East-West in Kyrgyzstan”, through regularly review of their strategies, managed not only to develop youth component, but also open Youth Center, and in 2019 to attract to the county the international program that is continuation of “Dance4Life” and is implemented in 14 countries of the world

including Russia, China, Netherlands, Indonesia, Kazakhstan, Belorussia, Ukraine and Tanzania. The program “Путешествие4Life” (“Travel4Life”) works under the common principles and includes a series of activities in the format of training with young people aged 14-18 years old. These training sessions are designed for development of confident behavior skills, building healthy interpersonal relations and maintaining sexual and reproductive health. This program uses interactive approaches for involving youth in active social activity. In 2020/2021, UNESCO and UNAIDS supported continuation of the project in Kyrgyzstan in already new, hybrid format, with the aim of tailoring this project to the context of periodic quarantines. Special attention is paid to the possibility of online participation to cover youth from remote regions.

Youth of Kyrgyzstan, or more precisely youth organizations work on searching their own paths for introducing comprehensive sexuality education: debates, dialogues and cultural events, photo exhibitions and storytelling, forum-theatre and online consultations which are initiated by the youth, in most cases are even more informative and better meet the needs of young people. Youth initiatives are more targeted to addressing the issues of isolation and exclusion, improving communication and strengthening trust in different segments of society through provision of support to vulnerable youth and uniting youth from various communities. For example, PA “Labris” and PA “Kyrgyz Indigo” initiated a series of events for supporters and parents of LGBT people where at the International Day Against Homophobia (on May 17), direct communication, reports of experts, creative work and coming out were incorporated to the big dialogue about discrimination free society.

For NGO it is very challenging to deal with the group of youth from the PWDs community. Since the majority of young girls and boys from such groups are under systematic control of their parents or guardians, all aspects of their lives are monitored: friends, topics of training, time allocated for learning and all of these is measured against cultural beliefs and attitudes of adults. Therefore, girls with disabilities may not be allowed to participate in training on contraception justifying it by the fact that “disabled persons do not have sex” or that “they will not have children anyway”. Providers of these training have to find some “tricks” and gather young people for training under the pretext of sewing and cutting classes.

In this sense, UNAIDS-supported experience of PF “Araket” and “PU “Reproductive Health Alliance” is even more remarkable which have demonstrated how successful educating parents can be for creating a supporting environment for adolescents living with HIV. Adults are very cautious of any information that public associations can offer their children, but at the same time, they can become the most active supporters of sexuality education if they are well aware of its benefits.

Significant endeavors on sexuality education are targeted at raising awareness and enhancing skills of young people for self-support and support of their families, proactivity on the level of their communities and participation in decision-making processes. This helps young persons to find innovative ways for getting access to physical and political space where they can share ideas and solutions, collaborating with others via sports, the arts, technologies and other means. Such approach is applied by youth organization IDEA, when they increased sensitivity to the issues of sexual rights through educating

cadets of the Academy of the Ministry of Internal Affairs and young lawyers on the issues of gender equality and gender rights. Participation in forum-theatre helped future policemen better understand the importance of providing comprehensive support to the survivors of domestic and sexual violence, and the significance of sexual health in the prevention of such kind of crimes, and that the knowledge on where to refer victims for getting medical care can save lives and health of the survivors.

Religious organizations and communities participate in raising awareness of youth and adolescents. The experience of PF “Mutakalim” shows how religious education can break stereotypes. Staff of the organization held survey in madrasah of Kyrgyzstan on introduction of civic studies and during collection of information, they got youth’s request for SRHR information. The organization has developed guidebook for madrasah containing information on family planning, contraception, emotional health and prevention of violence. From 2016, teachers of madrasah and volunteers use this guidebook and it has been updated a few times.

## FINDINGS AND RECOMMENDATIONS

Maintenance of young people’s health including sexual and reproductive health envisages a legal approach where youth are ensured with access to information, education and services. Comprehensive sexuality education will contribute to preserving youth’s health, appropriate self-realization in adult life and will protect them from HIV infection. To achieve this, the Government should have an understanding and strategies of gender-sensitive sexuality education based on positive perception of sexual and reproductive development

of people, and public organizations should have resources/mechanisms for contributing to youth's SRHR outcomes.

Findings of the analysis allow drawing a conclusion that in response to weak attempts of the state system to control the sexuality education sphere mimicking the strong state it used to be, each actor tries to find rational explanation of their roles. Family limits its responsibility to a minimum amount of information that is given to mothers of girls and appeals in favor of healthcare and education. The logic behind this is simple: sexual and reproductive health and everything associated with it is a specific knowledge and it can be and should be reproduced by specialists. Education system declares about the lack of funding, competencies and insufficient impact on modern youth. Healthcare system responds that it has a capacity only for addressing the consequences of what the family and school sow. Consequently, all three key actors use the same technique – shifting their responsibility to another institution.

The only one actor of sexuality education to whom the society does not address any questions but the one that formulates them itself – is religious institutions. It has a winning position – it can criticize institutions with clear functional mandate and transparent financial policy, but claims a monopoly in the field of education, “disciplining” young people to expand the SRH practices of Islamic type. Interest of youth to religious organizations is growing just like the involvement of young people in their activities.

The society does not have any questions to SRH actors – NGOs; it tries to attribute their activities to the ideological

influence of “someone else's” interests and stigmatizes them.

In the opinion of some representatives of public associations, the authorities go into attack against NGOs. The adopted law that stipulates additional requirements to financial reporting of nonprofit organizations, can become a tool for eliminating “undesirable” organizations, including those that work with “informal youth”.

Definitely, given the relevant support and political will, public organizations can be more efficient and coordinate the assistance. Organizations working with youth in non-formal educational sphere are mainly situated in urban areas and better cover some youth groups, which are consolidated in communities or fall under the scope of specific narrowly focused projects and programs (adolescents with HIV, LGBTQ+ groups, sex workers).

At present, due to the deep-seated social norms and economic factors, rural youth and adolescents are those who need information, education and health services the most. Intersecting vulnerability of some young people makes them excluded and deprived them of access to essential information and support. Representatives of NGOs and international partners emphasize that there remain some groups of youth and teenagers, which are absolutely deprived of information; these are mainly PWDs, children of migrants, adolescents in conflict with the law and rural youth. Needs of these groups are not assessed and therefore fragmented educational programs and projects are not always effective.

Guidelines and methodological manuals that public organizations rely on in their

work remain a “well-protected copyright”. Such materials have limited editions or are available only in digital format for their specialists. Even during the survey, only a few organizations shared their techniques and tools. Probably, some hidden competition for donor support forces the organization to keep some successful technologies just “for themselves”. Some international partners note that they support the development and printing of specialized materials and manuals, but they consciously restrain their wide dissemination due to the fear of negative reaction of society. For example, guidelines on safe sexual practices for lesbians.

Some organizations do not have methodological manuals and just invite experts and specialists from other organizations to teach their groups. In this case, all organizations face an acute need in creating a database and unified library of guidelines and methodological manuals for volunteers on a wide variety of topics related to comprehensive sexuality education. At the same time, it is important to ensure that all guidelines are available in Kyrgyz language as well. Besides, it could be useful to compile the list of topics and trainers/educators of organizations who could conduct training for partners. This can considerably enrich the educational process and facilitate integration between the communities and interaction among organizations.

The most popular method of informing and educating is peer-to-peer principle. Educating and mentoring young people who are in most cases less experienced than adults on assignments that they would have to perform, can be quite expensive and time-consuming. Yet, from the economic point of view,

this is more cost-efficient for further implementation of the educational component, as volunteer work is the main one in such programs. No more than one third of organizations have staff members responsible for educational programs.

Organizations utilize simple yet sensitive techniques to evaluate the knowledge of their key groups, which mainly assess knowledge rather than practices and skills; and it is important to create and integrate tools for evaluation of the education quality and effectiveness of respective formal and non-formal educational interventions at national and organizational levels.

Besides, there is a lack of qualified specialists among peer educators and their mentors. This is because young people look for their place in the world, experiment, try to realize themselves in various ways, get prepared for adult life, and because ultimately they are getting older to be peer educators. Hence, it is necessary to arrange education in such a way so that volunteers, outreach workers and supervisors could train those people who will replace them.

It is vital to form a methodological basis that would enable young people to build their capacity continuously, have up-to-date information and advanced technologies in a live and developing program of sexuality education. It is also important to exchange experience, information and technologies between organizations. Establishing dialogue platforms, systematic discussion groups and extended training on sexuality education of youth (including in the online space), can become the solution for expanding the availability and effectiveness of CSE.

**Major challenges that civil society organizations faced when promoting CSE programs/projects within the past 2-3 years.**

- The state demonstrates a stagnant approach to comprehensive sexuality education, but every year there increases the risk of more bans.
- Need for explicit and well-defined integration of the activities of the Ministry of education and Ministry of health where NGOs can facilitate this integration to reach out to youth from key groups and cover them with educational and preventive programs.
- Organizations share their concerns about legislative initiatives that significantly limit the activities of NPO. Some of them are already adopted, and hinder the development of civil society organizations, as well as the work with socially excluded groups.
- Donors are reluctant to support programs and projects on CSE, as they are scared of scandals and negative reactions of the public. For the reputation of donors, it is safer to support career guidance or learning IT-technologies.
- Need for sexuality education standards approved at the national level, as this will greatly contribute to maintaining consolidated work and dialogue with state bodies and organizations.
- Organizations note that due to shrinking donor funding they have to integrate issues of non-formal CSE into the existing projects although donors are not always ready to support CSE. They have to hide information about the fact that there is sexuality education in the learning component of the project on the rights.
- One third of organizations commenced working with CSE issues relatively recently, including only those elements that are most relevant to their target groups.
- The state has no idea about the needs of the key youth groups or ignores them in the general youth group.
- In most cases, adolescents speaking only Kyrgyz language and those residing in remote areas are not covered by CSE.
- Guidelines are mostly in Russian and there is a need to translate them into Kyrgyz and tailor them.
- Need for guidelines on dealing with various key youth groups and their close social circle as they have very specific needs and greatly differ from general groups. For instance, breastfeeding is recommended to healthy mothers, but the situation with women living with HIV is different. There are many cases when a girl (bride) with HIV had to breastfeed her child just because of the pressure from mother-in-law and relatives.
- Lack of strong arguments and evidence in support of CSE for advocacy campaigns. (For example, CSE saves lives or cost-effectiveness of training on safe behavior skills and promotion of condoms).
- The importance of working with parents was mentioned by all interviewees, as big denial/resistance or the strongest support/protection to key youth groups on awareness raising and education is provided by them. There were cases when parents withdrew their children from the projects, which covered SRHR issues.
- Despite the aggression and high rates of violence against girls in society, any training on gender rights,

safety and protection are considered by parents as an attempt to “harm” moral principles of girls and make them “Pro-Western”.

- Working with religious youth requires that teachers, peer educators and NGO teams better understand and know Islamic norms and attitudes.
- Formal education declares commitment to CSE, but in practice, it is conservative and there are almost no lessons on HLS. It is still challenging to build a dialogue with the education system, i.e. with school administrations, and in most cases schools limit access to youth referring to the requirements to work with officially “approved” guidelines.
- It is necessary to shift to the Internet and social media, but the capacity is weak and the help from bloggers and other social media influencers would be valuable.
- Promotion of CSE in social media may not always be successful as the content can be deleted, and in the worst case, the page can be blocked.
- High self-stigmatization among key youth groups is sometimes a powerful barrier for participation in educational programs; they also fear the reaction of their loved ones. Thus, parents of girls with disabilities would be pleased to allow them attending sewing classes but prohibit them participating in training on sexual health.
- Introduction and scaling up of successful experiences of NGOs on teaching interactive lessons on CSE among youth of Kyrgyzstan.
- CSE issues are perceived by the society as promotion of sexual relationships, and issues of leadership among girls and their own choice of a spouse as aggressive feminism.
- Shortage of youth-friendly health

specialists (gynecologists) to whom adolescents could be referred. This problem was mentioned by a few organizations.

- Due to the pandemic, many organizations shifted to online mode of work and faced the problem of the lack of technical facilities among children from poor families (no Internet, mobile phones, etc.).
- No opportunity to provide disadvantaged adolescents with contraceptives and safety products. This was particularly emphasized by organizations working with girls from residential care institutions and girls with disabilities.

### **The surveyed specialists of organizations mentioned some peculiarities of dealing with key groups.**

#### **LGBT**

- LGBT people do not disclose their sexual orientation due to embarrassment. During individual discussions, they are more open compared to group discussions.
- No high-quality health services including human resources for LGBT groups (including intersex people), doctors do not know how to provide counselling to LGBT people or help them. In addition, medical care and healthcare spheres are not prepared for counselling males with HIV who have sex with men; the barriers also relate to transgender people who have to provide certificate that they are mentally ill in order to change their gender marker, data in passport or undergo a surgery; therefore, they are all scared.
- Lack of adequate information on safe sex; many people think that HIV

is not transmitted through anal sex, which can cause the increase in the number of people living with HIV.

- In the context of health of intersex people, in LGBT organizations there is no content strategic base, the organization did not know how to deal with their health needs.
- Challenges with coverage of sex-workers, people who use drugs, people living with HIV, because due to stigma and discrimination they rarely attend events of the organization, or do not attend them at all.
- Unavailability of expert database of specialists, only United Nations Population Fund works with KPG; very low percentage of people who are interested in further promotion of SRHR agenda.

### **Graduates of children's residential institutions. Children left without parental care.**

Организация «Оэзис» отмечает, что их бенефициары должны быть первой адресной группой, куда должно направляться финансирование. В связи с тем, что их бенефициары очень рано вступают в сексуальные отношения, вследствие чего наступает подростковая беременность, у них проблемы со здоровьем, практически **≈83%** не проходили медицинское обследование.

Не достаточно специалистов и экспертов, которые знают психологию детей с девиантным поведением, а также владеют навыками работы с молодёжью с посттравматическим синдромом

### **PWDs**

- Need for training among PWDs but the organization faces prohibition from their parents, they do not allow their children to attend training, control them and limit their access to information on CSE.
- Unavailability of venues where organizations want to conduct educational activities for their participants.
- Not enough sign language interpreters and scarce funds to pay for translation of training materials on SRH issues.
- For men with disabilities male trainers are needed, as well as for training for men because girls are covered by such organizations as Public Association of young women with disabilities "Nazik Kyz" and the Union of people with disabilities "Ravenstvo" (Equality).
- PWDs face indirect form of discrimination, they are considered as disadvantaged people, but not as people with sexual desires and needs.
- PWDs are not taken into account and not included in the program for supporting SRHR (the law on reproductive rights, the law on guarantees for persons with disabilities, protocol for artificial termination of pregnancy for PWDs).
- People with mental disabilities, PWDs (visually and speech-impaired, etc.) need specialized programs on sexuality and SRH. Information should be in an accessible language.

## ROADMAP

Situation analysis has revealed that in Kyrgyzstan there are significant gaps in access of youth and adolescents, firstly from key population groups, to comprehensive sexuality education. Because many among these groups are not in school, and those attending school may not receive CSE, out-of-school programmes can help fill the gaps and effectively address their needs.

UNFPA has developed “International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education” which complements and refers to “International Technical Guidance on Sexuality Education”. Informed by evidence and grounded in a human-rights approach, this out-of-school edition provides concrete guidelines and recommendations to ensure that the most vulnerable young people receive information that enables them to develop the knowledge and skills they need to make informed choices about their sexual and reproductive health.

Out-of-school comprehensive sexuality education can vary enormously. Ways and methods of presenting information can be more flexible and more adaptive to a specific group than in school. Out-of-school CSE may be delivered in face-to-face sessions using technology, including computers and mobile phones. This can take place in a range of settings:

- civil-society or community-based organizations
- youth centres or youth clubs
- health clinics
- summer camps
- student dormitories
- religious institutions or faith-based organizations
- at school after hours (unless delivered by a teacher from the

school to students from that school, in which case it would be considered in-school CSE)

- families (using structured parent–child programmes)
- workplaces
- institutional correctional settings such as jails (pre-trial or short-term detention), detention centres or juvenile correctional centres
- shelters where people seek humanitarian support.

Attractiveness of out-of-school sexuality education for adolescents and youth is obvious. Approaches of out-of-school CSE tend to be quite adaptive based on the life of particular youth communities and can be used within diverse areas and combined with other interventions and programs on education and health. They contribute to ensuring direct participation of young people in the programs (for example, peer-to-peer principle), developed to serve their best interest, thus promoting positive life skills such as leadership and communications skills and creation of opportunities for mentorship and networking for future employment.

Yet, at the same time, CSE programs for key youth groups even if their quality is high, may face biggest challenges in implementation:

- Insufficient understanding of the needs in key youth groups, their environment and close social circle can affect the efficiency of the program.
- Trainers from the members of the community, parents, outreach workers or peer educators can misunderstand the scope and limits of their activities due to the

- lack of supervision, feedback and information regarding expectations.
- Competencies of educators are inadequate for comprehensiveness of teaching and some topics are presented formally or are not included into education programs.
  - External environment and close social circle (parents, community leaders, providers of health services, etc.) do not accept the content of the program and are resistant toward consistent education.
  - The teaching team has no idea about measuring the effectiveness of education, particularly practices and attitudes, and, respectively, cannot always adjust the program.

From this perspective, building on the results of this report, there was developed a roadmap for introduction of out-of-school CSE, defining key and priority objectives that will help to launch “International Technical and Programmatic Guidance on Out-of-School Sexuality Education” based on the specific features and peculiarities of Kyrgyzstan’s youth, their close social circle and environment.

This roadmap can become a benchmark for introduction of out-of-school CSE based on the Guidance and will contribute to enhancing interaction between various actors who have responsibilities and mandate for this.

## ROADMAP FOR INTRODUCTION OF OUT-OF-SCHOOL CSE (предложения экспертов)

TASKS	WAYS FOR IMPLEMENTATION
<p>To mobilize key actors through establishment of permanent dialogue platforms that facilitate clarification of common programmatic goals and commitments of each actor</p>	<p>To hold consultations with support from development partners and reach agreements with main NPO, donors and public sector partners regarding the process of consultations at the stage of planning and introducing out-of-school comprehensive sexuality education for key youth groups and adolescents that are left behind</p>
<p>To identify prospective consumers of out-of-school CSE, including intersecting vulnerability issues</p>	<p>To reveal youth groups that are most in need through youth’s requests, analysis of NPO and this research. Key peculiarities of the context (gender, socio-cultural and vulnerability factors and age) are considered and are described respectively and included into the plan</p>

<p>To guarantee active participation of youth from key groups at all stages of planning and introducing out-of-school CSE</p>	<p>To engage youth in the planning process through NPO, informing in social media, outreach work and peer educators. Jointly with youth to arrange consultations and identify needs and preferences which will be used for formulating the program</p>
<p>To identify available resources and try to cover the missing links</p>	<p>The resources of NPO and their partners needed for implementation of the program (based on program requirements) are identified as available, accessible, affordable or as unavailable and requiring attention</p>
<p>To develop working plan and indicators for monitoring and evaluation at that stages of out-of-school CSE introduction</p>	<p>Goals, key activities, responsible parties and resources are identified. The plan contains training plans, interaction/tools or their development, engaging communities/parents/qualitative and quantitative indicators and reporting mechanisms. Coordinating partner or partners are selected</p>
<p>To establish feedback mechanisms</p>	<p>Program partners establish practical mechanisms so that prospective consumers of CSE program and participants could share opinions on the program and provide suggestions for its improvement</p>
<p>To coordinate and establish ties with other programs.</p>	<p>Broad involvement of key actors, partners and other programs is ensured via joint discussions, presentation and planning of various events for integration. For example, partners working with rural youth include CSE in their program and engage NPO</p>
<p>To develop plan for securing and mobilizing resources</p>	<p>Plan for adequate and timely funding of program activities is developed along with the plan that contributes to institutionalization, increased responsibility and other mechanisms which can guarantee that interventions would be continuing after program termination</p>

To ensure common understanding and the strategy in learning process

To conduct a series of national trainings on the issues of out-of-school CSE for national trainers/educators from organizations working with KPG or representing these communities

To set up national and local systems for supervision, mentorship and incentives

At the stage of coaching teams creation to implement supportive supervision of their work and develop institutionalization in NPO.

Human resources capacity building system and non-financial incentives system in NPO are created and at the national level under the auspices of one of the development agencies including recognition of work, remuneration and awards to the extent possible; social, health-promoting and recreational opportunities; opportunities for exchanges and travels; and professional growth within the group, whenever possible

To provide the required materials and handouts.

Groups of trainers are provided with training manuals and materials. Development partners facilitate their development and publication

Unified database of guidelines and materials is developed, strengthened and available to all participants in Russian and Kyrgyz languages at one of the national websites

Unified database of guidelines is created and its coordination and availability is ensured on one of the websites managed by the recognized leader (NGO) or partner

To develop and harmonize the principles of ethical behavior

Partners should create the environment and ensure consideration of gender and culture differences among their groups based on the developed and harmonized principles of ethical behavior

To prepare sustainability plan

To ensure functioning of the program and contribute to sustainability after program completion, the participants hold consultations and can create projects for further promotion of the program

To ensure participation of parents, community members, close social circle in education, evaluation and development of out-of-school CSE program

Training for parents and close social circle. Their involvement in educating others. Creation of groups promoting CSE through positive messages in mass media and other public pages

## Roadmap for introduction of Out-of-School CSE (suggestions of the attendees of the Round Table held on 8 October 2021 in Sheraton Bishkek Hotel)

OBJECTIVES	ACTIVITIES	INDICATORS
<p><b>1.</b></p> <p>To mobilize <b>key actors</b> through establishment of permanent dialogue platforms that facilitate clarification of common programmatic goals and commitments of each actor</p>	<p>Undertaking regular mapping of organizations working on out-of-school CSE (the tool provided in this report can be used)</p>	<p>There is a list of NGOs and international organizations with a description of their goals, objectives and target groups</p>
	<p>Convening regular meetings of organizations where CSE issues can be discussed (semi-annually)</p>	<p>The existing platform is identified and/or a new one is established</p> <p>The number of organizations that got membership in the consortium and that are engaged in the process of introducing CSE</p>
	<p>Developing a plan for CSE implementation with indication of timelines, participants, indicators and resources</p> <p>Some aspects of the plan can be considered in the frame of state social contracting on implementation of out-of-school CSE</p>	<p>The plan is approved</p> <p>International organizations allocate funds for CSE</p> <p>The Government supports CSE through state social contracting</p>
<p><b>2.</b> To identify prospective <b>consumers</b> of out-of-school CSE program, including intersecting vulnerability issues</p>	<p>Identifying young people from key groups that are least covered by the CSE programs and consider the issues of their inclusion into the programs and projects of relevant organizations</p>	<p>The members of the dialogue platform are informed about the specifics of key groups and their needs and are incorporated into the plan of out-of-school CSE</p>

<p><b>3.</b></p> <p>To guarantee active <b>participation of youth</b> from key groups at all stages of planning and introducing out-of-school CSE</p>	Ensuring participation of adolescents and youth from key groups in dialogues and meetings	At least 20 % of participants are representatives of youth from KPG
	Engaging young leaders from key groups in the development of plans	
	National training for key groups	At least 80 young people from KPG got the status of national peer educators during the course of the program and are authorized to train their peers
<p><b>4.</b></p> <p><b>Идентифицировать доступные ресурсы, и попытаться охватить недостающие звенья.</b></p>	Establishing the network of peer educators for arranging the activities on the local level	<p>The number of trained peer educators at the basic training and ToT – at least 50-60</p> <p>The referral system for beneficiaries of YFS (youth-friendly services) is improved</p>
	Collecting and tailoring the existing methodological guidelines and tools (consortium will collect them) as the unified information database that will be publicly available	Methodological basis is reviewed and enhanced
	Analyzing and revising the existing tools for monitoring and evaluation of the quality of the provided services	Basic needs of the consortium of organizations are identified for implementation of out-of-school CSE
<p><b>5.</b></p> <p>To establish <b>feedback mechanisms</b></p>	Developing pretests and posttests as the method for collecting feedback from service recipients (processing of survey results)	<p>Tailoring pretests and posttests for service recipients</p> <p>Based on the results of pretests and posttests- identifying initial knowledge of service recipients</p> <p>More than 80% of service recipients enhanced their knowledge on CSE</p>

**6**  
To establish **feedback mechanisms**

Developing pretests and posttests as the method for collecting feedback from service recipients (processing of survey results)

Tailoring pretests and posttests for service recipients

Based on the results of pretests and posttests- identifying initial knowledge of service recipients

More than 80% of service recipients enhanced their knowledge on CSE

Designing questionnaires (anonymous online questionnaires and hard copy surveys) for surveys on the effectiveness of education (feedback)

The number of respondents surveyed from each region

Recommendations are produced and decisions are taken

A unified document is developed (a trainer's diary) which contains information for the analysis

Drafting a trainer's diary (notes of trainers on improvement or identification of weaknesses of the training held) for tracking the actual achievements and shortcomings and further advancement of work

Arranging various online and offline discussion platforms

Availability of various online platforms for discussions - 4

Availability of offline platforms for discussions – 1 co-working space per each region

The number of online discussions -

**7.**  
To set up national and local **systems for supervision, mentorship and incentives**. To provide the required **materials and handouts based on the unified database**.

Holding of trainings where opinion-makers and national trainers will act as trainers under the auspices of one of the organizations (for instance Reproductive Health Alliance, Teens, etc.); health-promoting and recreational events (games/interactive activities)

Pretests and posttests

Амбассадор

Content analytics focusing on a particular segment

Развитие менторства между регионами

Knowledge transfer training for trainers

Training in the frame of the unified database

<p><b>8. Unified database of guidelines and materials</b> is developed, strengthened and available to all participants in Russian and Kyrgyz languages at one of the national websites</p>	<p>Creating a common website with the unified database of guidelines and materials which will serve as a guidance for all agencies and organizations</p>	<p>Website analytics</p> <p>Availability of a wide range of materials on CSE, the number of downloads and requests for materials</p>
<p><b>9. Разработать план устойчивости.</b></p>	<p>Drawing up the Code of Ethics with participation of the members of the established consortium of organizations considering gender and cultural aspects of the KR</p>	<p>Подписанный кодекс этического поведения всеми участниками консорциума</p>
	<p>Incorporating the training on out-of-school CSE into the work plan of health promotion units (HPU)</p>	<p>Утвержденный план мероприятий работы КУЗ МЗиСР КР</p>
	<p>Including the out-of-school CSE training in the frame of quarterly trips/visits of HPUs</p>	<p>1.) Количество выездов КУЗ к СКЗ 2.) Количество обученных членов сельского комитета здоровья (СКЗ)</p>
<p><b>10. To ensure participation of parents, community members, close social circle in education, evaluation and development</b> of out-of-school CSE program</p>	<p>Tailor the materials for Training of Trainers (ToT)</p>	<p>Tailored guidelines</p>
	<p>Training of HPU and VHC workers, advocacy groups and community leaders</p>	<p>The number of trained HPU and VHC workers, advocacy group members, etc.</p>
	<p>Creating the groups promoting CSE via social media (WhatsApp groups/broadcast lists)</p>	<p>The number of created groups promoting CSE issues</p>

**ANNEX 1.**  
**(Summary table on NGOs)**

Organization name and year of registration	Youth groups they work with	Approximate annual coverage	Key topics they consider as part of their training activities	Manuals, resources, which are used in their work	Staff availability	Challenges	Donors who funded CSE
IDEA 2014	14-18 years old. Schoolchildren (girls and boys). Boys and young men (out-of-school). Girls and young women (out-of-school), PWDs (young persons with disabilities: physical, mental, hearing and visual impairments, autism spectrum disorders, psychosocial disorders). Young people in humanitarian crises. Adolescents from religious groups and their parents. Aravan district – closed community, a lot of people leaving to Syria and Afghanistan	2500, of them 55% - girls and 45% - boys	Gender and sex (differences between sexual characters and public attitudes for males and females). Gender roles (social and cultural aspects of gender stereotypes in human life). Prevention of sexual violence. Prevention of gender-based violence. Stigma and discrimination.	<ol style="list-style-type: none"> <li>Ideaca.today</li> <li>Chatbot on SRHR (Bishkek Feminist Initiatives) <a href="https://academy.amnesty.org">https://academy.amnesty.org</a></li> </ol>	Specialists are being recruited	The context of the regions does not allow talking about it; mistrust of adults and parents; there were cases when parents have withdrawn children from programs. The issues of early pregnancies, poor hygiene/sanitation in toilets	UNFPA UNDEF Search for Common Ground
Teens 2017	Youth and adolescents aged 13-28 years old, parents and adults	No statistics	Physiological development of children and teenagers. Physical health. Psycho-emotional health. Stigma/discrimination. Puberty of adolescents. Hygiene in adolescence	No	1 employee and volunteers	<ol style="list-style-type: none"> <li>Controversy misunderstanding of parents</li> <li>Challenging promotion of nonprofit page in the Internet; it was blocked a few times</li> </ol>	UNESCO

Teenergizer 2017	Adolescents and youth with HIV	20	Prevention of HIV/AIDS, reduction of stigma and discrimination	No, trainers are being hired	1	<p>1. Lack of high-quality and available information for teenagers and parents. There were cases when young people marry without disclosing their status. No one bears responsibility. Teenagers are ready to speak out, but parents are scared of other people's opinion</p> <p>2. The majority of teenagers start sexual activity and do not know how to ensure its safety</p>	ЮНЭЙДС ЮНИСЕФ (поддержка проведения тренинга)
SOS Children's Villages, Youth guardianship	From 14 years old. In the youth program – from 16 to 22 years old (orphans, half-orphans, social orphans, difficult life situations). 60% - addictive behavior	45 adolescents; of them 50% - boys and 50% - girls	Physiological development of children and teenagers. Physical health. Psycho-emotional health. Stigma/discrimination. Puberty of adolescents. Hygiene in adolescence	Guidance on working with children with adverse childhood experiences. Positive parenting. Methodological guidance for specialists – how to work with children	No, psychologist works on that	<p>1. Lack of systematic training/ subjects in education establishments.</p> <p>2. Adolescents are not interested in education.</p> <p>3. Incompetence of staff, it is vital to strengthen their capacity</p>	Нет
The Voice of Freedom 2005	Boys and young men (out-of-school). Girls and young women (out-of-school). Young people in humanitarian crises. Children and teenagers left without parental care	300 per year, of them 50% - boys, 50% - girls	Prevention of sexual/gender-based violence, human rights. Besides, there is a rehabilitation center that provides psychological and legal support, case management and shelter	Manual on SRHR in emergencies (National Red Crescent Society)	Нет	<p>The pledge of every project is establishing sustainability; in the case of CSE, it is crucial to promote it via partner organizations and in communities. State social contracting</p>	State Agency for Youth Affairs, Physical Culture and Sports (State social contracting)

Organization name and year of registration	Youth groups they work with	Approximate annual coverage	Key topics they consider as part of their training activities	Manuals, resources, which are used in their work	Staff availability	Challenges	Donors who funded CSE
KFPA (Kyrgyz Family Planning Alliance) 2000	Schoolchildren (girls and boys). Teenagers from religious groups (madrasah). Refugees. Boys and young men (out-of-school). Girls and young women (out-of-school). Representatives of ethnic minorities	1000 per year, of them 70% - girls and 30% - boys	Puberty of adolescents; hygiene in adolescence; sexual health and well-being; contraception; prevention of STIs/HIV; reproductive system of men and women; childbirth; unsafe abortion	<a href="http://www.facebook.com/kfpa.ngo">www.facebook.com/kfpa.ngo</a> <a href="http://www.instagram.com/kfpa.ngo/">www.instagram.com/kfpa.ngo/</a> <a href="https://kaktus.media/doc/429313_molodye_ludi_i_metody_kontracepcii.html">https://kaktus.media/doc/429313_molodye_ludi_i_metody_kontracepcii.html</a> <a href="https://www.azattyk.org/a/jynystyktarbia-ulut-">https://www.azattyk.org/a/jynystyktarbia-ulut-</a>	3 employees	Parents are unwilling to let their children join programs on SRHR. School administrations are not always receptive. Low interest of participants. Self-stigmatization by communities	UNHCR in Kyrgyzstan— UNHCR Central Asia. Embassy of Japan. UNFPA. Asian Development Bank
Новый Ритм 2014	14-18 years old (schoolchildren – girls/boys). 18-25 years old (girls and young women, out-of-school). Representatives of ethnic minorities (Uzbeks, Tatars, Russians, Ukrainians). LGBT	400-500	Human rights, gender and sex, conflict transformation	No, trainers are being hired	No	Low capacity; the component is used only at some sessions. Stipulate it in the Charter of organization and start fundraising	Her
Club25 2014	13-18 years old (schoolchildren). 24-30 years old (women/men, out-of-school). LGBT/PLHIV	300	Prevention of STIs/HIV, stigma and discrimination	Use the resources of AIDS center (presentations, leaflets)	No	1. Scarce funding and short-term projects 2. Lack of systemic work with the Ministry of education 3. Limited geographic coverage – only Bishkek (importance of scaling up)	CDC (Centers for disease control and prevention) USA

<p>Good Neighbors 2014</p>	<p>5-11 grades. Schoolchildren (girls and boys) from regions; division between girls and boys (separate programs)</p>	<p>339</p>	<p>Physiological development of children and teenagers. Hygiene in adolescence. Prevention of sexual violence. Prevention of gender-based violence. Family planning. Contraception for teenagers. Prevention of STIs/HIV. Reproductive system of males and females. Conception and pregnancy</p>	<p>Manual on CSE issues is developed; terms of reference is provided and RHA helped with development (in Kyrgyz and Russian) for Sadovoe village/lower Chuy district <a href="http://www.wins4girls.org/resources/2017%20Kyrgyzstan%20MHM%20Research%20Report%20ru.pdf">www.wins4girls.org/resources/2017%20Kyrgyzstan%20MHM%20Research%20Report%20ru.pdf</a></p>	<p>Specialists are being hired</p>		<p>Good Neighbors International, Branch of Good Neighbors UK</p>
<p>Mutakalim 1999</p>	<p>From 9th grade. Schoolchildren (girls and boys). Boys and young men (out-of-school). Girls and young women (out-of-school). Children and adolescents left without parental care. Teenagers from religious group</p>	<p>4000 (30% - girls, 70% - boys)</p>	<p>Physiological development of children and teenagers. Physical health. Puberty of adolescents. Psycho-emotional health. Hygiene in adolescence</p>	<p>Survey in madrasah on introduction of civic studies was done; it has revealed the need for SRHR information. Guidance (work-book): The basics of good health, developed in 2016 (it is updated annually)</p>	<p>4 staff members</p>	<p>1. In the time of introduction, people in the regions were scared to call things by their proper names and made accusations of vitiation. Yet, through trustful relations and explanation of CSE importance, we managed to implement it  2. Adolescents expressed their mistrust, ignored SRHR issues and only after getting through the systemic approach, they started asking questions and showed some interest. Children became more active and got basic knowledge</p>	<p>UNFPA from 2001 (technical aid) State Agency on Religious Affairs</p>

Organi- zation name and year of registration	Youth groups they work with	Approximate annual coverage	Key topics they consider as part of their training activities	Manuals, resources, which are used in their work	Staff availa- bility	Challenges	Donors who funded CSE
PA "Oasis" Kyrgyzstan 2008	Young people from residential institutions; schoolchildren	500- 600 young people 12 -15 000 - schoolchildren	All topics that are listed in the questionnaire, except for: <ul style="list-style-type: none"> <li>• Sexuality</li> <li>• Sexual orientation and gender identity</li> <li>• Conception and pregnancy</li> <li>• Childbirth</li> <li>• Provision of resources (contraceptives, condoms, informational and educational materials)</li> </ul>	My rights and opportunities. Manual on orphaned children and children left without parental; care. Presentations. Modules (STIs, Contraception, Prevention of gender-based violence, Rights, Youth, Girl and boy anatomy	2 staff members	Search for systemic and long- term funding. Difficulties with involving people possessing knowledge of the psychology of children with deviant behaviors and youth with post-traumatic stress disorder	Self- financing Innocent Voicer UNODC
Union of people with disabilities "Ravenstvo" (Equality). 2004	PWDs (young people with disabilities: physical, mental, hearing and visual impairments, autism spectrum disorders, psycho-social disorders); women with disabilities	50 women per year	Hygiene in adolescence. Gender and sex. Gender roles and attitudes. Sexuality. Safe sexual behavior. Prevention of sexual violence. Contraception for teenagers. Prevention of STIs/HIV. Reproductive system of men and women. Conception and pregnancy. Childbirth. Stigma and discrimination. Provision of resources (contraceptives, condoms, informational and educational materials) and referral to specialists. Acquisition of confident behavior skills; developing high self-esteem; peer-to-peer counselling. Preventing forced abortion	Handouts of Kynnys Association. Informational leaflets of RHA. Brochures	No, we invited obstetri- cian-gyne- cologists, health worker	Prohibition of parents of PWDs, they do not allow attending training and control their children. Unavailability of venues where organizations could conduct educational activities. Limited financing. Need for continuing education. Lack of sign language interpreters. Passivity of young people. Lack of male trainers. Positive attitude toward bodies (our girls need it as they have negative feelings about their body image)	The Finnish Association of people with physical disabilities Kynnys, Finland (The Threshold Association)

<p>"RHA" PA 2001</p>	<ul style="list-style-type: none"> <li>• Schoolchildren (girls and boys)</li> <li>• Boys and young men (out-of-school)</li> <li>• Girls and young women (out-of-school)</li> <li>• PWDs (young people with disabilities: hearing and visual impairments, autism spectrum disorders)</li> <li>• Young people in humanitarian crisis</li> <li>• representatives of ethnic minorities (Dargins, Lezgins, Abkhazian group, ethnic Kyrgyz from Alay, Dungans, refugees from the South, LGBT (SRH services are provided in RHA, through referral)</li> <li>• MSM</li> <li>• Transgender</li> <li>• Intersex</li> <li>• PLHIV</li> <li>• PWUD</li> <li>• Children and adolescents left without parental care</li> </ul>	<p>8 000-10 000 people via cascade training (of them 45% boys and 55 % girls), course - 25 people (50%/50%)</p>	<p>All themes listed in the questionnaire except for sexting (erotic messaging and risks)</p>	<p>For young educators on conducting training on moral-sexuality education of youth and adolescent via peer-to-peer principle- Reproductive Health Alliance (RHA)- Methodological guidance for teachers and peer educators on provision of online lessons on prevention of HIV for students of 8-11 grades. RHA, AFEW, PITCH. Title of manual in Kyrgyz: "Оздук гиيينа жана жыныстык онугуусу багытталган дени сак жашоо образы маселери боюнча 5-11- класстын окуучулары класстык сааттарды откору боюнча мугалимдер учун методикалык колдонмо". Title of the manual in English: "A manual for teachers on personal hygiene and a healthy lifestyle for students of grades 5-11 with an emphasis on sexual development". RHA, Good Neighbors</p>	<p>Position with combined roles, Coordinators of branches</p>	<p>CSE is still of non-formal nature in schools; implementing NGOs and the state should introduce CSE in schools, and there should be financial support; there should also a dedicated pay-based teacher position for CSE, who could teach such lessons locally after undergoing training; Organization is ready to share its resources to enable the exchange of resources; Unawareness of school principals of the need for introducing such learning format, which can contribute to reduction of unintended pregnancies among girls, prevention of gender-based and sexual violence, STIs, contraceptive knowledge. Young people should be taught safe behavior so that they know about contraceptive methods. An Interagency approach with the Ministry of education and Ministry of health and social development was implemented. Introduction of successful experience of NGO on teaching such lessons for youth of Kyrgyzstan</p>	<p>UNFPA Peace Corps GIZ Good Neighbors IPPF UNAIDS UNICEF</p>
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Organization name and year of registration	Youth groups they work with	Approximate annual coverage	Key topics they consider as part of their training activities	Manuals, resources, which are used in their work	Staff availability	Challenges	Donors who funded CSE
PF "AIDS Foundation East-West" 2013	<ul style="list-style-type: none"> <li>Schoolchildren (girls and boys)</li> <li>Boys and young men (out-of-school)</li> <li>Girls and young women (out-of-school)</li> <li>PWDs (young people with disabilities): The program is not tailored but we conduct sessions</li> <li>Young people in humanitarian crisis –not so many</li> <li>LGBT</li> <li>MSM</li> <li>PLHIV</li> <li>PWUD</li> <li>Sex workers</li> <li>Incarcerated teenagers – and/or in conflict with the law</li> <li>Children and adolescents left without parental care</li> </ul>	600- 1000 (online, there are more girls - 70%)	<p>All topics covered by the questionnaire except for the following:</p> <ul style="list-style-type: none"> <li>Positive body image</li> <li>Conception and pregnancy</li> <li>Childbirth</li> <li>Sexting (erotic messaging and risks)</li> </ul>	<p>UNESCO "International guidance on SRHR" Travel for Life (adapted). We use UNESCO video lessons/clips. For schools we have developed and use the guidelines (developed by RHA)</p>	We do not have	<p>Non-sustainability of projects. Lack of youth-friendly specialists (gynecologists). No opportunity to buy contraceptives. Our peer educators are not perceived adequately by educational facilities. Due to the social norm "uyat" (shame), participants are cautious (mainly parents, educational institutions, and participants from the Southern region). The latter think that we promote sexual relationships and that the girls should be leaders; they think parents should decide their daughters' choice of a spouse. The state does not cooperate and does not support or help us. They visit youth centers and say that everything is alright and that there are good outcomes, but they do not allocate funds and do not understand our needs, and why we need this.</p>	<p>Dance for life UNICEF UNESCO Ministry of Foreign Affairs of the Netherlands UN Women</p>

PA "Labris" 2004	18+ (23-24 years old) <ul style="list-style-type: none"> <li>• Young people in humanitarian crisis</li> <li>• LGBT</li> <li>• MSM</li> <li>• Transgender</li> <li>• Intersex</li> <li>• PLHIV</li> <li>• PWUD</li> <li>• Sex workers</li> <li>• Incarcerated teenagers – and/or in conflict with the law</li> <li>• Children and adolescents left without parental care</li> </ul>	250 people per year; Online is separately, around 70% boys and 30% girls	All themes listed in the questionnaire except for: <ul style="list-style-type: none"> <li>• Puberty of adolescents</li> <li>• Hygiene in adolescence</li> <li>• Childbirth</li> <li>• Unsafe abortion</li> <li>• Sexting (erotic messaging and risks)</li> </ul>	Prevention of HIV and STIs	4 staff members	Participants do not disclose their status due to embarrassment. At individual discussions, people are more open compared to group discussions. Not all participants are interested as they can get information from the Internet	COC Nederland ILGA-Europe
PU "Center for the protection of children" 1998	6-18 years old <ul style="list-style-type: none"> <li>• Schoolchildren (girls and boys)</li> <li>• Sex workers</li> <li>• Incarcerated teenagers – and/or in conflict with the law</li> <li>• Children and adolescents left without parental care</li> </ul>	From September 2020 to May 2021 – online and offline we covered 21000 children, 11,000 girls and on STEM - 400 parents	Menstrual hygiene. Physical development. Prevention of violence for children left without parental care. Positive body image and appearance Except for: <ul style="list-style-type: none"> <li>• Contraception for adolescents</li> <li>• Childbirth</li> <li>• Unsafe abortion</li> </ul>	My safe world. Healthy Life-style. Life skills program. Psychological and psychoactive help for children – international document Guidance for young trainers on moral and sexuality education through peer-to-peer principle A friend advice	No	Concerns and misunderstanding of parents on CSE. In Osh, there was a case when a girl's father withdrew her from classes when he revealed that she learns gender issues. Lack of parents' support. Some issues are hard to explain online. Children do not have technical opportunities. In schools and even preschools, it is necessary to hold preventive work. For example: what to do in case if someone touches your body and where to seek help in such situation, and that it is normal to ask for help	DanChurchAid; Dutch Inter-church Aid; ICCO; Bred; Elnura Foundation (Dutch organization); European Union; UNICEF; UNDP; Ron-don School Denmark

Organization name and year of registration	Youth groups they work with	Approximate annual coverage	Key topics they consider as part of their training activities	Manuals, resources, which are used in their work	Staff availability	Challenges	Donors who funded CSE
PA "Bishkek Feminist Initiatives" 2012	Key target group: 14-22-year olds Girls and young women (out-of-school); more PWDs; Representatives of ethnic minorities; LGBT; Sex workers	2000 people, without considering social media. 95% -girls and young women	All themes listed in the questionnaire except for: <ul style="list-style-type: none"> <li>Physical health</li> <li>Childbirth</li> </ul>	Booklets of RHA, presentations	No	Worries about the public's reaction to the program, as well as concerns about the laws of the Kyrgyz Republic.	Global Fund for Women UNESCO
Public Association of young women with disabilities "Nazik Kyz" 19 December 2008	o PWDs (young people with disabilities: physical, hearing and visual impairments, autism spectrum disorders, psycho-social disorders)	600 calls - hotline, 10% of them are live meetings, 25 people are trained in summer camp	All themes listed in the questionnaire except for: <ul style="list-style-type: none"> <li>Sexual orientation and gender identity</li> <li>Childbirth-partially</li> <li>Unsafe abortion</li> <li>The effects of mass media and pornography</li> <li>Sexting (erotic messaging and risks)</li> </ul>	Peer-to-peer-Japanese methodology; Sexuality education based on the examples of practical exercises	A few staff members; peer-to-peer counselling in the frame of Japanese system of HUB trainers on reproductive and sexuality rights	Indirect form of discrimination. PWDs are considered as disadvantaged people and are not included in the program. There is no statistics, it is hard to find information on actual situation on people with disabilities who gave birth to children	The Finnish Association of people with physical disabilities Kynnys, Finland (The Threshold Association); Abilis Foundation Finland; Ministry of Foreign Affairs of Finland; Central Asian Network of Women with Disabilities

<p>PU NRCS of KR (National Red Crescent Society) 1992</p>	<p>14-24 years old, sometimes there are adults to whom we also provide information on these topics (35-40 year-olds)</p> <ul style="list-style-type: none"> <li>• Schoolchildren (girls and boys)</li> <li>• Boys and young men (out-of-school)</li> <li>• Girls and young women (out-of-school)</li> <li>• Young people in humanitarian crisis</li> <li>• PLHIV</li> </ul>		<ul style="list-style-type: none"> <li>• Physiological development of children and adolescents</li> <li>• Puberty of adolescents</li> <li>• Sexuality</li> <li>• Sexual health and well-being</li> <li>• Family planning</li> <li>• Contraception for adolescents</li> <li>• Prevention of STIs/HIV</li> <li>• Male and female reproductive system</li> <li>• Stigma and discrimination</li> </ul>	<p>Programmatic guidance for sexual and reproductive health in humanitarian and fragile settings during COVID-19 pandemic</p>	<p>Staff and volunteers who deal with these issues. One dedicated staff member in the regions. He/she combines the role of youth coordinator</p>	<p>Engaging youth and people in district branches. In the regions, the notion of SRH sounds shameful. Low interest of youth, due to either fear or embarrassment. Religious factors, young people cannot talk openly about this issue but still they get information, for example in the South. Separate lessons for boys and girls are mainly conducted in the South of the country.</p>	<p>UNFPA</p>
<p>PA "Kyrgyz Indigo" 23 December 2010</p>	<p>18+ young men and young girls</p> <ul style="list-style-type: none"> <li>• Boys and young men (out-of-school)</li> <li>• PWDs (young persons with disabilities: physical, hearing and visual impairments, autism spectrum disorders, psychosocial disorders)</li> <li>• Young people in humanitarian crisis</li> <li>• LGBT</li> <li>• MSM</li> <li>• Transgender</li> <li>• Intersex</li> <li>• PLHIV</li> </ul>	<p>Full course - 100-150 people; One-time sessions - 8 000-9 000; 100-150 people are medical staff</p>	<p>All themes listed in the questionnaire except for:</p> <ul style="list-style-type: none"> <li>• Physiological development of children and teenagers</li> <li>• Puberty of adolescents</li> <li>• Hygiene in adolescence</li> <li>• Childbirth</li> <li>• The effects of mass media and pornography</li> </ul>	<p>Specially developed analytical guidance – manual "Health, rights and well-being"; Clinical guidelines developed in the frame of needs in the context of transgender, transsexuality; WHO recommendations</p>	<p>Coordinator directly dealing with CSE issues. 2 staff members</p>	<p>Coverage of sex workers, people who use drugs, people living with HIV as due to the stigma and discrimination they rarely attend organization's events or do not attend them at all. There are many LGBT people in our programs and they are very vibrant and open compared to KPG. Lack of a database of experts as despite the long-term work of UNFPA with KPG, there is still a very low percentage of people who are interested in further promotion of the SRHR agenda. Youth/mainstream communities promote SRHR agenda more actively, whereas among KPG considering funding, for the past 3 years there were 20,000 of them; only this year there was extensive funding.</p>	<p>IMPACT Global initiative UNFPA-New York Office UNFPA</p>

## ANNEX 2. QUESTIONNAIRE FOR CSO.

### Questionnaire form for in-depth interview in the frame of situation assessment

*(to be filled out by interviewer in electronic format)*

Introduce yourself: Hello, my name is \_\_\_\_\_, I am from UNFPA working group. We assess the current situation with out-of-school comprehensive sexuality education for adolescents in Kyrgyzstan. We would appreciate it if you share all the available information, which can demonstrate your experience and possibly the experience of your partners on informing and educating adolescents on sexuality and sexual health issues.

For the purposes of saving information and avoiding its loss, let me record your answers on a dictaphone and simultaneously enter them into an electronic questionnaire.

#### 1. Organization name

\_\_\_\_\_

Brief information about organization:

- Works with youth
- Conducts training on CSE or on several components of CSE

#### 2. Date of registration/establishment \_\_\_\_\_

What is the mission of your organization?

\_\_\_\_\_

#### 3. Social characteristics of respondent:

First name Last name

Age

Position in organization and length of service

Gender

Education

Contact information: telephone \_\_\_\_\_

Email \_\_\_\_\_

**4. 4. How many employees are there in your organization? \_\_\_\_\_**

Before I continue our interview, let us discuss our understanding of the term “comprehensive sexuality education” (or shortly – CSE). Could you elaborate on your understanding of CSE? (to record the respondent’s definition)

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*Thank you for your definition, it is (similar to/different from) the definition of WHO, UNESCO, UNFPA, IPPF. (read the definition)*

Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip young people and children with knowledge, skills, attitudes and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives.

**5. When did your organization start working on CSE issues or its elements?**

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**6. Is there a dedicated employee who deals with CSE? Yes/No**

**7. What donors did your organization work with (list them)**

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**8. What donors supported or support activity areas/programs/projects on CSE?**

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**9. Which group of youth and adolescents do you work with?**

*(in this case we mean age group of 10-24-year olds, name all groups you work with):*

- Schoolchildren (girls and boys)
- Boys and young men (out-of-school)
- Girls and young women (out-of-school)
- PWDs (young persons with disabilities: physical, mental, hearing and visual impairments, autism spectrum disorders, psychosocial disorders).
- Young people in humanitarian crises.
- Representatives of ethnic minorities (\_\_\_\_\_ fill in)
- LGBT
- MSM
- Transgender
- Intersex
- PLHIV
- PWUD
- Sex workers
- Incarcerated teenagers – and/or in conflict with the law
- Children and adolescents left without parental care
- Adolescents from the religious group (\_\_\_\_\_ fill in) Example: madrasah, Sunday Christian school, etc.
- Other \_\_\_\_\_ (fill in)

**10. Describe their main characteristics and needs in CSE.**

**11. 11. Did your organization or your partners conduct an assessment of their needs? When was the latest assessment? (If the answer is “No”, go to question 13)**

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**12. What main conclusions were drawn from the assessment?**

Enter the link to a website where reports on the survey can be downloaded or ask a hard copy or record key findings and citations.

**13. How do you reach out to adolescents and youth and involve them in training?**

**14. In your opinion, what should comprehensive sexuality education for adolescents include (which topics) in Kyrgyzstan? ?**

*Record all suggested topics or tick relevant bullet points*

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- Physiological development of children and teenagers
- Physical health
- Psycho-emotional health
- Puberty of adolescents
- Hygiene in adolescence
- Gender and sex (differences between sexual characters and public attitudes for males and females)
- Gender roles (social and cultural aspects of gender stereotypes in human life)
- Sexuality (the term and manifestation of sexuality)
- Positive body image
- Sexual health and well-being
- Safe sexual behavior
- Sexual orientation and gender identity
- Prevention of sexual violence
- Prevention of gender-based violence
- Family planning
- Contraception for adolescents
- Prevention of STIs/HIV
- Reproductive system of men and women
- Conception and pregnancy
- Childbirth
- Unsafe abortion
- Cyberbullying (violence in the cyberspace)
- The effects of mass media and pornography
- Sexting (erotic messaging and risks)
- Stigma and discrimination
- Psychoactive substance use prevention (alcohol, tobacco, drugs)
- Provision of resources (contraceptives, condoms, informational and educational materials) and referral to specialists

**15. Does your organization or your partners have special guidelines and methodological manuals that you use for non-formal (out-of-school) education in your organization? Tell me about them. Is it possible to get copies of these materials?**

Title of guideline/ manual	Issue date	Key topics	Who has developed and approved it (where and who)

**16. Which digital and Internet resources did you produce and develop for promotion of information and education among adolescents and youth?**

**17. Which themes are covered by your educational activities for teenagers in the frame of CSE:**

- Physiological development of children and teenagers
- Physical health
- Psycho-emotional health
- Puberty of adolescents
- Hygiene in adolescence
- Gender and sex (differences between sexual characters and public attitudes for males and females)
- Gender roles (social and cultural aspects of gender stereotypes in human life)
- Sexuality
- Positive body image
- Sexual health and well-being
- Safe sexual behavior
- Sexual orientation and gender identity
- Prevention of sexual violence
- Prevention of gender-based violence
- Family planning
- Contraception for adolescents
- Prevention of STIs/HIV
- Reproductive system of men and women
- Conception and pregnancy
- Childbirth
- Unsafe abortion
- Cyberbullying (violence in the cyberspace)
- The effects of mass media and pornography
- Sexting (erotic messaging and risks)
- Stigma and discrimination
- Psychoactive substance use prevention (alcohol, tobacco, drugs)
- Provision of resources (contraceptives, condoms, informational and educational materials) and referral to specialists

**18. How many people in your organization teach these topics: \_\_\_\_\_**

**19. How do you train these specialists and build their capacity:**

**20. What is the duration of the training (for participants )**

\_\_\_\_\_

**21. How many people does your program cover annually (boys/girls):**

Through full course\_\_\_\_\_

Through one-time sessions\_\_\_\_\_

**22. How do you evaluate effectiveness and efficiency of your training? (evaluation tools used by organization)**

- We use pretesting and post testing
- Questionnaires
- Request for services and resources (example: condoms)
- Observations
- Cases
- Numbers (decrease/increase in the number of trainees or other quantitative indicators)
- Meaningful participation of young people (they become trainers, participate in the development of materials, planning and implementation of educational programs, and in management of organization)
- Other

**23. In your opinion, which groups of youth are least covered/or not covered by educational projects and programs (CSE) in Kyrgyzstan?**

- Schoolchildren (girls and boys)
- Boys and young men (out-of-school)
- Girls and young women (out-of-school)
- PWDs (young persons with disabilities: physical, mental, hearing and visual impairments, autism spectrum disorders, psychosocial disorders)
- Young people in humanitarian crisis
- Representatives of ethnic minorities ( \_\_\_\_\_ fill in)
- LGBT

- MSM
- Transgender
- Intersex
- PLHIV
- PWUD
- Sex workers
- Incarcerated teenagers – and/or in conflict with the law
- Children and adolescents left without parental care
- Adolescents from the religious group (\_\_\_\_\_ fill in) Example: madrasah, Sunday Christian school, etc.
- Other\_\_\_\_\_ (fill in)

**24. In your opinion, what should be done to ensure a better coverage and sustainability of CSE in the work of your organization (not only funding)**

**25. Which organizations do you interact with for implementation of CSE projects and programs and how is this collaboration undertaken?**

Organization name	Type of collaboration	Comments

*Let us reiterate our gratitude for participating in an interview and wish you and your organization success in your work. In the course of the report preparation, some questions may arise; could we ask you for an additional consultation in such a case? Thank you. We will share the results of the assessment.*

## ANNEX 3. QUESTIONNAIRE FOR INTERNATIONAL ORGANIZATION

**Questionnaire  
for interviewing  
employees of international organizations**  
*(to be filled by interviewer in electronic format)*

Introduce yourself: Hello, my name is \_\_\_\_\_, I am from UNFPA working group. We assess the current situation with out-of-school comprehensive sexuality education for adolescents in Kyrgyzstan. We would appreciate it if you share all the available information, which can demonstrate your experience and possibly the experience of your partners on informing and educating adolescents on sexuality and sexual health issues.

For the purposes of saving information and avoiding its loss, let me record your answers on a dictaphone and simultaneously enter them into an electronic questionnaire.

**1. Organization name** \_\_\_\_\_

**2. Date of registration in the KR or other country** \_\_\_\_\_

What is the mission of your organization?

**3. Contact information of the respondent:**

First name Last name

Telephone

Position in organization and the length of service

Email

Address

4. Does your organization promote CSE or its elements in Kyrgyzstan? (Yes/No, if the answer is “No”, go to question 6) \_\_\_\_\_

5. Which main strategies of your organization/agency on promotion of non-formal (out-of-school) CSE would you list:

- Identification of the needs in CSE among various communities of young people
- Development of training manuals, guidelines for trainers/educators
- Development of informational and educational materials for adolescents and youth
- Developing the network of peer-to-peer educators from adolescents and youth in communities
- Educational component (conducting educational training and workshops for youth and teenagers)
- CSE advocacy (formal/non-formal), institutionalization, support, standardization through education system or integration in national programs supporting youth and adolescents
- Other \_\_\_\_\_

6. In your opinion and the opinion of your partners, which groups of youth and adolescents are most in need of CSE educational programs:

- Schoolchildren (girls and boys)
- Boys and young men (out-of-school)
- Girls and young women (out-of-school)
- PWDs (young persons with disabilities: physical, mental, hearing and visual impairments, autism spectrum disorders, psychosocial disorders)
- Young people in humanitarian crisis
- Representatives of ethnic minorities (\_\_\_\_\_ fill in)
- LGBT
- MSM
- Transgender
- Intersex
- PLHIV
- PWUD
- Sex workers
- Incarcerated teenagers – and/or in conflict with the law
- Children and adolescents left without parental care
- Adolescents from the religious group (\_\_\_\_\_ fill in) Example: madrasah, Sunday Christian school, etc.
- Other \_\_\_\_\_ (fill in)

**7. 7. Which national partners working in the sphere of CSE (formal and non-formal) would you list:**

Formal education		Non-formal education (out-of-school)	
Organization	Contact information	Organization	Contact information

**8. Which projects and programs related to CSE have been supported by your organization/agency for the past 5 years? Can you tell about the scope of funding and the duration of projects?**

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**9. Which of them became the most successful? What are the main outcomes?**

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## 10. Which CSE topics were prioritized in such projects and programs?

- Physiological development of children and teenagers
- Physical health
- Psycho-emotional health
- Puberty of adolescents
- Hygiene in adolescence
- Gender and sex (differences between sexual characters and public attitudes for males and females)
- Gender roles (social and cultural aspects of gender stereotypes in human life)
- Sexuality (the term and manifestation of sexuality)
- Positive body image
- Sexual health and well-being
- Safe sexual behavior
- Sexual orientation and gender identity
- Prevention of sexual violence
- Prevention of gender-based violence
- Family planning
- Contraception for adolescents
- Prevention of STIs/HIV
- Reproductive system of men and women
- Conception and pregnancy
- Childbirth
- Unsafe abortion
- Cyberbullying (violence in the cyberspace)
- The effects of mass media and pornography
- Sexting (erotic messaging and risks)
- Stigma and discrimination
- Psychoactive substance use prevention (alcohol, tobacco, drugs)
- Provision of resources (contraceptives, condoms, informational and educational materials) and referral to specialists
- Other \_\_\_\_\_ (fill in)

*Let us reiterate our thanks for your participation in an interview and wish you and your organization success in your work.*

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