



Ministry of Health of
the Kyrgyz Republic



World Health
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MONITORING OFFICIAL DEVELOPMENT ASSISTANCE TO THE HEALTH SECTOR OF THE KYRGYZ REPUBLIC – 2015 (first edition)





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Bishkek 2017

Keywords

Republic of Kyrgyzstan; health sector; official development assistance; coordination mechanism; Paris Declaration on Aid Effectiveness; Accra Agenda for Action; Ministry of Health; data collection; questionnaire; interviews; disbursements; SWAp; geographical coverage; investments; technical assistance; administrative costs; health sector areas; alignment; national policies; national strategies; public financial systems; procurement systems; aid predictability; joint missions; analytical works; Mid-Term Budgetary Framework; harmonization; ownership.

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Table of contents

List of figures and tables	6
Abbreviations	7
Acknowledgments.....	8
Foreword	9
1 Country context.....	11
1.1 The health sector	12
2 Background	15
3 Methodology	17
3.1 Study design	17
3.1.1 Eligibility criteria.....	17
3.1.2 Questionnaire development and pilot	18
3.1.3 Questionnaire structure	18
3.2 Data collection	19
3.2.1 Online data entry model	19
3.2.2 Interviews	20
3.2.3 Data analysis.....	20
3.2.4 Data quality	20
4 Limitations	22
5 Results.....	23
5.1 Development partners.....	23
5.2 Geographical coverage	28
5.3 Funding categories, components, health system priorities	31
5.4 Alignment with national priorities	35
5.5 Aid predictability.....	37
5.6 Coordination and complementarity.....	38
6 Overview of the findings.....	41
References	42
Databases	43
Annex 1 List of partners contacted.....	45
Annex 2 Questionnaire	46
Annex 3 Glossary	66
Annex 4 Completed questionnaires	75
GF Global Fund.....	75
Agency General Information	75
Project/programme details.....	76
GIZ German Development Cooperation	80
(German Society for Technical Cooperation).....	80
Agency General Information	80
Project/programme details.....	80
Japanemb Embassy of Japan in Kyrgyz Republic	86
Agency General Information	86
Project/programme details.....	86
KfW German Development Bank.....	88
Agency General Information	88
Project/programme details.....	88
Agency General Information	106
UNAIDS Joint United Nations Programme on HIV/AIDS	117
Agency General Information	117

Project/programme details.....	117
UNFPA United Nations Population Fund	124
Agency General Information	124
Project/programme details.....	125
UNICEF UN Children's Fund	131
Agency General Information	131
Project/programme details.....	131
USAID US Agency for International Development	137
Agency General Information	137
Project/programme details.....	138
WB World Bank	163
Agency General Information	163
Project/programme details.....	163
WFP UN World Food Program in the Kyrgyz Republic	168
Agency General Information	168
Project/programme details.....	168
WHO World Health Organization	171
Agency General Information	171
Project/programme details.....	172

List of figures and tables

Fig. 1. Bilateral and multilateral development partners, 2015.....	24
Fig. 2. ODA projects or programmes per donor, 2015	25
Fig. 3. Total ODA by type	25
Fig. 4. SWAp2 contributions (2012–2016)	26
Fig. 5. Project aid, SWAp and other SBS, 2015.....	27
Fig. 6. Overall fund distribution by aid modalities, 2015	28
Fig. 7. Development partners by coverage, 2015	28
Fig. 8. Development partners by district, 2015.....	30
Fig. 9. Total disbursements by funding category, 2015.....	31
Fig. 10. Technical assistance by components, 2015.....	32
Fig. 11. Investment funds by components, 2015.....	32
Fig. 12. Disbursements by health system functions, 2015	33
Fig. 13. Distribution of health service delivery quota, 2015	34
Fig. 14. ODA distribution according to health priority programme areas, 2015.....	34
Fig. 15. Was your ODA recorded in the annual 2015 sector budget?	36
Fig. 16. Development partner commitment to provide future support to Kyrgyz health sector.....	37
Fig. 17. Pledged amounts for 2016.....	38
Fig. 18. Development partner health-sector missions and analytical works, 2015...	38
Fig. 19. Rating of partner coordination in the health sector	39
Fig. 20. Perceived impact of the policy dialogue, 2015	39
Table 1. Economic indicators 2015, 2014 ⁶	11
Table 2. Health financing in the Kyrgyz Republic, 2011–2015	12
Table 3. Public allocations to the health system, 2011–2015.....	13
Table 4. Health at a glance, 2015	14
Table 5. Process timeline	17
Table 6. Development partners’ participation in the survey, 2015	23
Table 7. Development partners by district, 2015	29
Table 8. Development partner alignment with national frameworks, 2015	35

Abbreviations

ADB	Asian Development Bank
FAO	Food and Agriculture Organization of the United Nations
GDP	gross domestic product
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	German Development Cooperation (German Society for Technical Cooperation)
JICA	Japan International Cooperation Agency
KfW	KfW Development Bank
KOICA	Korea International Cooperation Agency
MTBF	Mid-term budgetary framework
NSC	National Statistical Committee of the Kyrgyz Republic
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
SBS	sector budget support
SDC	Swiss Agency for Development and Cooperation
SGBP	state guaranteed benefits package
SWAp	sector-wide approach
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme

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The Ministry of Health and the WHO Country Office of the Kyrgyz Republic jointly coordinated this study. A team of local and international experts conducted data collection and validation processes in close collaboration with development partners in the health sector.

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Foreword

A number of different activities have been undertaken in recent years with the aim of mapping official development assistance (ODA) in the Kyrgyz Republic. Various country reports on different sectors have been released as a result of these activities. Yet although these reports provide a basic understanding of the ongoing donor support in the health sector of the Kyrgyz Republic, they do not provide detailed and quantitative information on the support allocated to specific priority areas or on health system strengthening activities – including their geographical distribution and their alignment with national policy.

For this reason, the Ministry of Health of the Kyrgyz Republic and the WHO Country Office jointly decided to launch a new process with the aim of building both an all-encompassing database and a comprehensive analysis of all development partners' support to the Kyrgyz health sector in 2015. WHO has experience of such complex activities: for example, the sixth edition of a report on ODA for health that covers 120 WHO Member States over a period of 10 years (2004–2014) was published in 2016.¹

At the same time, the Kyrgyz Government and its development partners have implemented a number of other initiatives aimed at strengthening coordination with all development partners. The Ministry of Finance has developed an action plan for the introduction of an external assistance coordination system. The Ministry of Foreign Affairs is working on the registration of all existing projects implemented by international organizations and foreign governments in the territory of the Kyrgyz Republic. This activity will ideally produce a complete overview of the activities run by partners throughout the country.

The present document is the output of the abovementioned mapping exercise launched in February 2016 by the Ministry of Health and the WHO Country Office. It started with development of the questionnaire and on-line application for data collection and proceeded through data collection, validation and analysis. The main goal of this report is to provide a complete picture of the official external assistance to the country's health sector. In fact, the mapping of foreign assistance can improve the quality of information available for coordination of the sector, thereby enhancing the adoption of balanced strategic decisions by local and international stakeholders. In turn, the current assessment could contribute to the implementation of the Den Sooluk programme and subsectoral initiatives. To this end, this assessment is planned to be run/updated every two years.

¹ WHO (2016). From whom to whom? Official Development Assistance for Health, Sixth Edition (2004–2014). Geneva.

We greatly appreciate the support of the partner community and express our deep gratitude to the international agencies for their extremely valuable contribution in the development of this assessment. The Ministry of Health of the Kyrgyz Republic and WHO hope to make the best use of this work for the sake of further successful health system reforms in the Kyrgyz Republic.

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1 Country context

Landlocked, largely mountainous and with a population of just under 6 million in 2015, the Kyrgyz Republic is a vibrant democracy that adopted a parliamentary system in 2011.² Since gaining independence, the country has undergone a complex phase of transition to a market economy, with macroeconomic adjustments and structural reforms. Kyrgyzstan scored 0.586 on the Human Development Index (HDI) in 2014 and 0.655 in 2010. Yet, despite the positive trend, this still ranges below the average for the Europe and Central Asia region (0.709) in which it is clustered, classifying Kyrgyzstan among the Medium Human Development countries.³

Gross national income (GNI) per capita has been calculated at \$ 1553 in 2015, positioning the country among the lower middle income category of the World Bank (WB) lending group ranking.⁴

Table 1. Economic indicators 2015,⁵ 2014^{6,7}

GDP growth (annual %)	3.5
GNI per capita, Atlas method, US\$	1 553
Population (total)	5 990 006
Landlocked developing country	Yes
HDI value	0.655
WB country classification	Lower middle income
WB geographical region	Europe and Central Asia

² World Bank (2017). Kyrgyz Republic: overview. In: World Bank [website]. Washington DC (<http://www.worldbank.org/en/country/kyrgyzrepublic/overview>, accessed 15 June 2017).

³ United Nations Development Programme (2014). Human development report 2014: sustaining human progress: reducing vulnerabilities and building resilience. New York (<http://hdr.undp.org/en/content/human-development-report-2014>, accessed 15 June 2017).

⁴ World Bank (2017). World Bank country and lending groups. In: World Bank [website]. Washington DC (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>, accessed 15 June 2017).

⁵ World Bank (2017) [online database]. Data: Kyrgyz Republic. Washington DC (<http://data.worldbank.org/country/kyrgyz-republic>, accessed 15 June 2017).

⁶ Ministry of Health of the Kyrgyz Republic (2014). Report: experience of health system reform in the Kyrgyz Republic. Bishkek.

⁷ World Bank (2014). The new classification of the World Bank countries: the Kyrgyz Republic – in a number of countries with incomes below the average. Press release, 24 July 2014 (<http://www.vse-mirnyjbank.org/ru/news/press-release/2014/07/24/kyrgyz-republic-becomes-lower-middle-income-country>, accessed 15 June 2017).

1.1 The health sector

Along with other sectors, after independence the health sector needed fundamental restructuring. There was an urgent need to achieve health equity; ensure state guaranteed benefits in health-care delivery; and develop primary health care and family medicine. In fact, both the prevalence of the hospital sector and excessive specialization of health services inherited from the Soviet period were strongly overstressing the system. For these reasons and other reasons, the Kyrgyz health system has undergone different stages of reform: the Manas reform from 1996 to 2005, the Manas Taalimi reform from 2006 to 2011 and the Den Sooluk programme covering 2012 to 2016. Both the Manas Taalimi and the Den Sooluk reforms foresaw a sector-wide approach (SWAp) mechanism (see Box 1), with development partners topping up state pledges over reform goals.

The main achievements of the reforms include the introduction of mandatory health insurance; introduction of a system for progressive results-based financing methods and the single-payer system; creation of family medicine centres and of family physician groups as first contact points with the health system; restructuring of many hospitals; introduction of a state guaranteed benefits package (SGBP) and the co-payment; and a first phase of additional drug provision for all insured persons at primary health care level.

As a percentage of total government expenditure, health expenditure increased from 10.3% in 2005 to 13.2% in 2015 – achieving the 13% target value set by the Den Sooluk reform programme.⁸ Costs per capita increased from a baseline 353.3 Kyrgyz soms in 2004 to 2450 Kyrgyz soms in 2014. As a percentage of gross domestic product (GDP), public health expenditures increased from 1.9% in 2004 to 3.2% in 2014.⁹

Table 2. Health financing in the Kyrgyz Republic, 2011–2015

	2011	2012	2013	2014	2015
GDP growth (annual %)	6.0	-0.1	10.9	4.0	3.5
Health expenditure, total (% of GDP)	6.2	7.0	6.7	6.5	-

⁸ Ministry of Health of the Kyrgyz Republic (2016). Mid-term review report National Health Reform Program of the Kyrgyz Republic Den Sooluk for 2012–2016. Bishkek (http://densooluk.med.kg/images/MyFiles/2016/20062016/report_24062015_eng.pdf, accessed 15 June 2017).

⁹ Ministry of Health of the Kyrgyz Republic (2016). Mid-term review report National Health Reform Program of the Kyrgyz Republic Den Sooluk for 2012–2016. Bishkek (http://densooluk.med.kg/images/MyFiles/2016/20062016/report_24062015_eng.pdf, accessed 15 June 2017).

GDP per capita growth (annual %)	4.7	-1.7	8.7	2.0	1.4
Health expenditure per capita (current US\$)	69.1	81.7	85.3	81.6	-
Health expenditure, private (% of GDP)	2.5	2.8	2.8	2.8	-
Health expenditure, public (% of GDP)	3.7	4.2	3.9	3.6	-
Health expenditure, public (% of total health expenditure)	11.6	12.2	13.2	11.9	-
Out-of-pocket health expenditure (% of total expenditure on health)	34.5	35.2	37.3	39.4	
External resources for health (% of total expenditure on health)	11.1	12.4	8.7	8.6	-

Table 3. Public allocations to the health system, 2011–2015¹⁰

Indicators	2011	2012	2013	2014	2015
Total public expenditure (billion KGZ soms)	62.7354	81.711	99.7368	103.0035	109.245
Total expenditure on health (billion KGZ soms)	9.0155	11.249	13.5642	14.1179	14.3963
Public health expenditure as % of public expenditure	14.4	13.8	13.6	13.7	13.2

Demographic situation

The resident population of the Kyrgyz Republic increased by 124.4 thousand (2.1%) in 2015 and by January 2016 had reached 6 020 000 people.

The maternal mortality rate shows a significant reduction: decreasing by 24% (50.7 per 100 000 live births) between 2015 and 2014.

¹⁰ Ministry of Health of the Kyrgyz Republic (2016). Mid-term review report National Health Reform Program of the Kyrgyz Republic Den Sooluk for 2012–2016. Bishkek (http://densooluk.med.kg/images/MyFiles/2016/20062016/report_24062015_eng.pdf, accessed 15 June 2017).

Table 4. Health at a glance, 2015

Indicator	Kyrgyz Republic ¹¹	Republic of Moldova ¹²	Republic of Kazakhstan ¹³
Birth rate (per 1000 population)	27.4	10.9	22.69
Natural population growth (per 1000 population)	21.6	-0.3	15.24
Mortality rate (per 1000 population)	5.8	11.2	7.45
Infant mortality ¹⁴ (per 1000 live births)	19.0	13.6	12.6
Maternal mortality rate ¹⁵ (per 100 000 live births)	38.5	23	12

In December 2015, there were 29 000 registered cases of infectious and parasitic diseases. Within this category, acute respiratory viral infections (65%) still dominate. At the same time, the epidemiological situation in 2015 was characterized by significant increases in rubella morbidity (3.4 times), whooping cough (2.4 times) and bacterial meningitis (1.4 times). High levels of measles cases remain – 299 cases per 100 000 population.

Between the periods January–December 2014 and January–December 2015, there were significant reductions in the incidence rates (per 100 000 population) of parotitis (1.6 times), syphilis (1.6 times), gonorrhoea (1.6 times), echinococcosis (6.7%) and brucellosis (20.6%). Intestinal infections showed a 3.8% reduction in the overall incidence rate – from 30 200 to 29 700 registered cases. Intensive indicators per 100 000 population were equal to 498.6 and 518.1, respectively. However, the incidence rate of bacillary dysentery grew by 15.4% – from 1809 cases (31.0) to 2131 cases (35.8). The incidence rate of bacterial meningitis increased by 41.4% – from 273 cases (4.7) to 394 cases (6.6).

¹¹ National Statistical Committee of the Kyrgyz Republic (2017). [Demographic yearbook of the Kyrgyz Republic 2011–2015] (<http://www.stat.kg/media/publicationarchive/dd6e5a2a-2788-4818-b522-7edf2c73c391.pdf>):108–110, 173, 206) (in Russian).

¹² National Bureau of Statistics of the Republic of Moldova (2017) [online database]. Statistical databank “Statbank”. Chisinau (<http://www.statistica.md/pageview.php?l=en&idc=407&nod=1&>, accessed 15 June 2017).

¹³ Ministry of National Economy of the Republic of Kazakhstan Committee on Statistics (<http://stat.gov.kz/getimg?id=ESTAT105228>). Kazakhstan in figures. Astana (2015).

¹⁴ WHO (2017). Probability of dying per 1000 live births: data by country. In: Global Health Observatory data repository [online database]. Geneva (<http://apps.who.int/gho/data/node.main.525?lang=en>, accessed 15 June 2017).

¹⁵ WHO (2017). Maternal mortality: data by country. In: Global Health Observatory data repository [online database]. Geneva (<http://apps.who.int/gho/data/node.main.15?lang=en>, accessed 15 June 2017).

2 Background

This publication represents a common effort – by the Government of the Kyrgyz Republic and the development partner community committed to the country's health sector – to improve information sharing and strengthen efforts towards better aid coordination and effectiveness. This exercise represents a useful tool to enable both parties to adjust their work plans towards common goals and shared priorities in both the short and the medium term.

The strategic documents for the Kyrgyz health sector are: the Strategy for the protection and promotion of public health of the Kyrgyz Republic 2020 (Health-2020), approved by Government Resolution No.306, 4 June 2014; and the Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016, approved by Government Resolution No.309, 24 May 2012. The Health-2020 strategy includes the strategic vision for improvement of the health sector based on a cross-sectoral approach to the protection and promotion of public health. The principles of the strategy fully align with the principles of the National Sustainable Development Strategy of the Kyrgyz Republic for 2013–2017, and with the principles of the Den Sooluk programme.

The Den Sooluk programme was developed on the basis of experience of previous health reform programmes. It is focused on achieving specific goals in four priority areas: (i) cardiovascular diseases; (ii) maternal and child health; (iii) TB; and (iv) HIV, through provision of extended coverage of key services, improving quality of care and elimination of barriers in the health system that have not been eliminated in the framework of previous programmes.

As a Member State of the WHO European Region, Kyrgyzstan supports the objectives adopted within the framework of a WHO Health 2020 regional strategy. Health 2020 aims at significant improvement in the health and well-being of the population, reduction of health inequalities and strengthening of public health. It also aims at ensuring the sustainability of health systems focusing on the needs of the people and at a high quality of care in compliance with the principles of universal health coverage, social equity and sustainability.

This document is the first report on official development assistance (ODA) to the Kyrgyz health sector. It aims to:

- share information and present a picture of external assistance to the health sector across the priorities set out in the strategic policy documents;
- provide evidence in support of the policy dialogues and development of coordination mechanisms at national and international levels;
- generate evidence that may help to strengthen development partner coordination in support of the ongoing reforms in the Kyrgyz health sector;

- provide forecasts of future external assistance from both short- and medium-term perspectives; and
- inform future national strategic plans and development partners' strategies to support the Government of the Kyrgyz Republic both financially and technically.

This publication provides a picture of external assistance channeled to the health sector, highlighting not only well-supported areas of intervention but also relatively overlooked categories. Its main purpose is to provide an overall picture of external assistance to the health sector which may inform strategic planning by development partners and national authorities over the next years.

In order to implement the overall coordination and consistent decision-making on the use and planning of external assistance, Government Resolution No. 592 of 30 August 2012 established a Coordination Council between the Government of the Kyrgyz Republic and the development partners.

3 Methodology

This section describes the design of the study, data collection and data analysis processes for the survey. The design of the study envisioned two phases: (i) identification of eligibility criteria; and (ii) development of a questionnaire. These processes were inspired by the successful experience of the Ministry of Health of the Republic of Moldova in previous years. Data collection was conducted through an online interface and strengthened through face-to-face validation interviews. Data analysis was conducted by the research team in close collaboration with the IT specialist.

The research team comprised mainly Ministry of Health – Health Policy Analysis staff. Inputs such as the description and structure of the mid-term budgetary framework (MTBF) categories, as well as revisions to the general analysis, were provided by other relevant departments of the Ministry of Health.

Table 5. Process timeline

Date	Activity
February 2016	- WHO mission on mapping ODA for 2015 - Development of questionnaire and glossary - Development of first list of development partners to be involved
May–June 2016	Development of software – adapted from WHO Moldovan version
June 2016	Piloting questionnaire
June 2016	Invitations to participate in process sent to development partners and embassies through Ministry of Foreign Affairs
June–September 2016	Data collection through web-based platform
September 2016	- Validation interviews with development partner representatives - Tightening of eligibility criteria
February 2017	Presentation of preliminary results to development partner community
February–March 2017	Data analysis and report writing
April 2017	Translation of report
July 2017	Printing and distribution

3.1 Study design

3.1.1 Eligibility criteria

The Ministry of Health of the Kyrgyz Republic and the WHO Country Office conducted this research based on inputs collected from the development partners disbursing ODA.

Under the definition in the Organisation for Economic Co-operation and Development (OECD) Statistical Directives, para. 35, ODA includes all official transactions that:

1. are administered with the promotion of economic development and welfare of
 - developing countries as its main objective; and

- are concessional in character;

2. and convey a grant element of at least 25%.

The report does not include any humanitarian or philanthropic assistance or sponsorship implemented in the health sector.

Development partners that met the criteria but did not disburse funds to the Kyrgyz health sector in 2015 are listed in Annex 1 but not included in this survey. To avoid double counting, when one development partner disbursed ODA funds on behalf of another, the development partner that carried out the final disbursement to the country is the one that reported for that project.

3.1.2 Questionnaire development and pilot

The research team developed a questionnaire to collect information on each development partner committed to the Kyrgyz health sector that had disbursed funds in 2015. During the pilot phase a draft version of the questionnaire was sent to several technical representatives of the development partner community providing ODA to the Kyrgyz health sector. The pilot phase and further consultations enabled the final version of the questionnaire to be refined and finalized at the end of June 2016.

An online version of the questionnaire was made available to all eligible development partners, with secure access through individual logins and passwords. The development partners' questionnaire is available in Annex 2. A glossary of all the terms used in the questionnaire was also provided (see Annex 3). The completed versions of the questionnaire are available in Annex 4.

3.1.3 Questionnaire structure

Each section of the questionnaire was developed in cooperation with all the relevant departments and units of the Ministry of Health and in consultation with the WHO Country Office and independent consultants in order to accommodate multiple needs. As a result of these multiple inputs the questionnaire comprises ten sections.

Section I requests general information about the development partner agencies: their goals and key achievements; and the total amount of ODA they disbursed to the Kyrgyz health sector in 2015 classified by four different aid modalities – programme/project aid, sector budget support (SBS), pooled funds under SWAp, and other pooled funding.

Sections II, III, IV and V collate information about every programme and/or project run by each different development partner: date of start and completion; programme/project manager; mode of project implementation (through development partner office, public sector or other mode); and status of implementation as of 31 December 2015.

In addition, the questionnaire required the description of project/programme goals; current progress (target value – actual value); type of financing; and total budgets.

Financial efforts were quantified according to type of funding (i.e. technical assistance, investments and administrative costs) and further classified by delivering facilities, disease areas and risk factors. Appropriate filters were introduced in order to avoid mistakes and double counting. Section IV also asked development partners to reframe the project according to health-sector priority areas: health service delivery, resource generation, health financing, leadership and governance. Information was also requested on the geographical coverage of each project/programme.

Sections VI, VII, and VIII focused on assessing alignment of aid with national policies and strategies; distribution of support by MTBF and other financial tools; use of public financial systems and procurement systems; mid-term (2016–2020) aid predictability within the MTBF subprogrammes; and development partners' multiyear plans. These sections are intended to help the Ministry of Health to assess development partners' alignment and harmonization.

The final sections of the questionnaire assessed donor coordination for joint missions and analytical work (Section IX); and development partners' opinions and levels of satisfaction relating to coordination mechanisms and policy dialogue in the Kyrgyz health sector (Section X).

At the end of the questionnaire, participants were asked to provide their feedback on its structure and the appropriateness of the questions. This feedback will contribute to further development of the data collection system and improvement of future reports.

3.2 Data collection

3.2.1 Online data entry model

Data were entered through a web-based platform. The platform was adopted from the similar survey in the Moldovan health sector in 2011–2013, taking account of all the aspects and features of the health system of the Kyrgyz Republic.

The database was placed on the server of the Ministry of Health of the Kyrgyz Republic. Development partners were given a three-week timeframe for data entry starting from the beginning of September 2016. The online platform had advantages for both the development partners interviewed and the research team. Development partners could access the online questionnaire to enter and upload data at convenient times and resume the task without losing previous inputs. Development partners also had access to automatically generated PDF files – summary texts intended to enable easy visualization of the information provided and facilitate the data validation process. The system also avoided the difficulties associated with tracking reviews and comments that arise when different people work simultaneously on a questionnaire. The research team was able to monitor progress on data entry and (where necessary) send timely reminders; validate data more easily and quickly; and generate text files and update the database automatically.

3.2.2 Interviews

All development partners that met the criteria (see 3.1.1) were invited for interviews. These were conducted by the research team after the completion of data collection through the web-based platform at the end of September 2016 – either face to face or via e-mail. Interviews were held only after development partners had accessed the online questionnaire. The validation interviews had five aims:

1. to present the goal of the study, questionnaire and glossary;
2. to collect general comments and reactions relating to the overall process undertaken, and the difficulties encountered;
3. to go through all sections of the questionnaire and the respective definitions provided in order to achieve a good standard of data homogeneity;
4. to note relevant details that did not fit into the existing questionnaire in order to record where and how the design might be improved for future surveys;
5. to obtain extra information on specific issues that could not be recorded/standardized within the questionnaire, owing to their lack of homogeneity across development partners.

3.2.3 Data analysis

Data analysis comprised several methods, focusing on: (i) generating aggregate analysis for all development partners, their projects and their financial disbursements; (ii) providing qualitative analysis of development partners' feedback on coordination processes; and (iii) listing key information for each development partner.

To standardize the financial information provided, development partners were asked to enter data in the original currency used for disbursements. When the database was generated the software automatically converted all currencies to United States dollars (US\$), the reporting currency that the Paris Declaration used for all aid harmonization exercises. The software used the annual average exchange rate reported by the National Bank of the Kyrgyz Republic for 2015.

The IT specialist added two additional modules – one to generate individual questionnaires (text files) for each donor covered by the survey, the other to generate a database for the numeric variables inserted. The numeric variables were generated and analysed using Microsoft Excel®. Frequencies and cross-tabulations were used for data analysis and presentation.

3.2.4 Data quality

Data quality was ensured by several methods. During the design stage, the questionnaire passed through five rounds of reviews by the extended research team, along with a pilot process. During the data collection phase, the online web platform included several internal control mechanisms that prompted users to avoid common data entry mistakes. In addition, provision of a link to a glossary aimed to standardize interpretation of definitions and questions (see Annex 3). The data presented are those provided officially by the organizations covered by this report. Development partners also underwent a validation process, during which all the data were reviewed in order to avoid discrepancies caused by misinterpretations of the

questionnaire or the glossary. Misinterpretations were a possibility because the questions have been formulated to accommodate two distinct needs – accurate enough to avoid misconceptions while allowing all development partners (with different vocabularies, reporting and accounting methods) to match the questions to their own purposes and to feel comfortable providing official answers. On completion of the validation processes, the relevant representatives had approved all the changes to the first version of the questionnaire submitted by individual development partners.

The joint effort of development partners and the research team during the validation processes enabled most development partners to complete all parts of the questionnaire. This guaranteed further homogeneity of the results. During the data analysis process all questionnaires were subject to a third level of data quality checking, using both exploratory analysis and further data cleaning to remove inconsistencies.

4 Limitations

As already described, all exceptions to completion of the questionnaire were agreed jointly by the team and the development partners. This chapter reviews all these circumstances and illustrates some issues that affect the validity of the analysis presented.

In order to avoid double counting in cases where one development partner disbursed ODA on behalf of another, the eligibility conditions stipulate that the development partner who made the final disbursements is considered to be the only donor for that project.

All detailed information about SWAp has been entered by the Ministry of Health and afterwards validated by partners.

Development partners and the research team made considerable efforts to normalize the variety of development partners' vocabularies, reporting and accounting methods. However, a few causes of concern remain.

- For official programme frameworks encompassing different projects, it was necessary to give development partners the prerogative to choose whether to provide information about the programme or the single projects. In fact, the development partners had to adhere to their own definitions of programme, projects and activities.
- Development partners have different accounting systems – administrative costs may or may not be included in official project budgets. When administrative costs related to the health-related projects could not be disentangled from the total administrative costs of the agency working in different fields, the development partners found their own methods to estimate the administrative costs requested in the questionnaire.

Due to the low redemption and the quality of the data, some questions in Section VI (MTBF) and Section VIII (predictability) have not been elaborated.

5 Results

5.1 Development partners

According to the eligibility criteria outlined (see 3.1.1), 22 development partners were identified as eligible and hence invited to participate in the survey. Nine of these development partners did not have active projects in 2015 but 12 agencies were active and provided full information.

Table 6. Development partners' participation in the survey, 2015

Development partner of Kyrgyz health sector		Active in 2015	Not active in 2015
ADB	Asian Development Bank		1
FAO	Food and Agriculture Organization of the United Nations		1
GIZ	German Development Cooperation (German Society for Technical Cooperation)	1	
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria	1	
Iranian Embassy	Embassy of Iran		1
Japanese Embassy – JICA	Embassy of Japan – Japan International Cooperation Agency	1	
KfW	German Embassy – KfW Development Bank	1	
Korean Embassy – KOICA	Embassy of Republic of Korea – Korea International Cooperation Agency		1
Russian Embassy	Embassy of Russia		1
Swiss Embassy – SDC	Embassy of Switzerland – Swiss Agency for Development and Cooperation	1	
UNAIDS	Joint United Nations Programme on HIV/AIDs	1	
UNDP	United Nations Development Programme		1
UNFPA	United Nations Population Fund	1	
UNICEF	United Nations Children's Fund	1	
UNODC	United Nations Office on Drugs and Crime		1
United States Embassy – USAID	United States Embassy – United States Agency for International Development	1	
WB	World Bank	1	
WFP	World Food Programme	1	
WHO	World Health Organization	1	

Of the 12 development partners that provided information, seven are multilateral and five are bilateral.

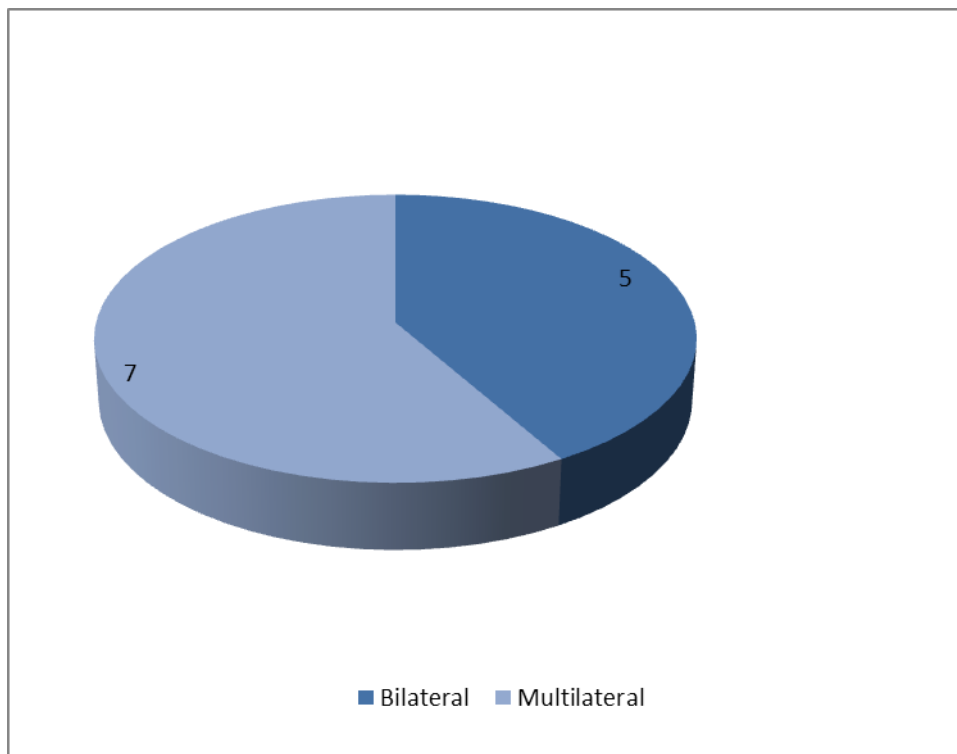


Fig. 1. Bilateral and multilateral development partners, 2015

Projects covered by this study started, ran throughout or ended in 2015. Overall, development partners reported **42 projects** and programmes (Fig. 2) totalling **US\$ 40 932 763**. This total disbursement **equals 21%** of total public health expenditure¹⁶ for 2015.

¹⁶ Data from the Ministry of Finance of the Kyrgyz Republic (see Table 3) at the 2015 official exchange rate used throughout this report.

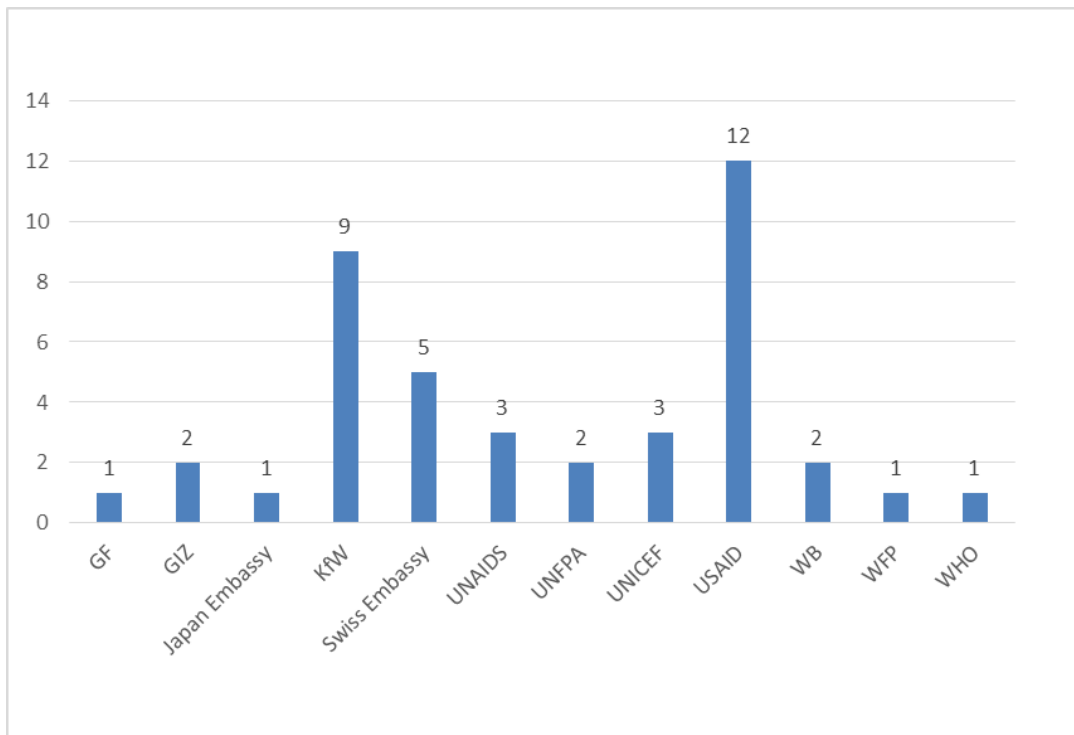


Fig. 2. ODA projects or programmes per donor, 2015

In terms of ODA allocated within the framework of bilateral and multilateral agreements, the United States and Switzerland allocated the most significant financial assistance to the Kyrgyz Republic. Both partners used different aid modalities.

Of the US\$ 40 932 763, only 10% was disbursed through concessional loans, while 90% was funded through grants. This amounted to US\$ 4 260 000 and US\$ 36 672 763 respectively (Fig. 3).

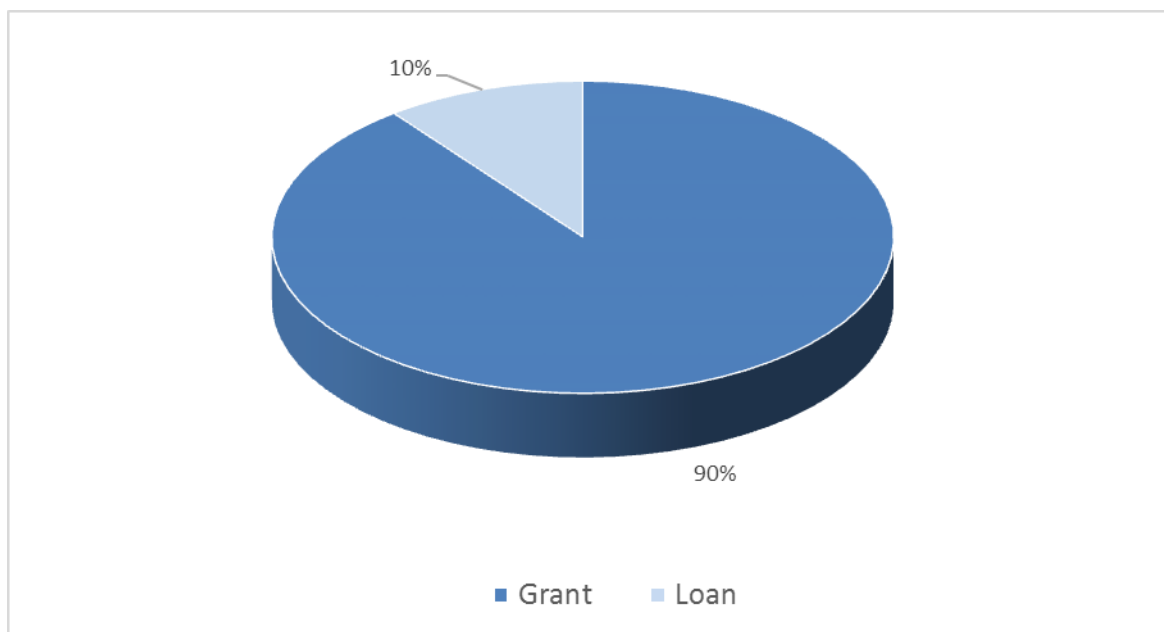


Fig. 3. Total ODA by type

Fig. 4 illustrates the distribution of the total ODA by aid modalities: project-based aid; SBS; pooled funds under SWAp; and other pooled financing.

Box 1. SWAp-2 and the Den Sooluk

SWAp-2 and the Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016

The OECD defines SWAp as a circumstance whereby all significant funding coming from development partners supports a single, comprehensive sector policy and independent programme, consistent with a sound macro-economic framework, under government leadership. OECD also specifies that partners' support for a SWAp can take any form – project aid, technical assistance or budget support – although there should be a commitment to progressive reliance on government procedures to disburse and account for all funds.

In the case of the Kyrgyz health sector, the SWAp-2 involves three partners: WB, KfW and the SDC. It supports the Den Sooluk reform programme with a total of US\$ 41.4 million.

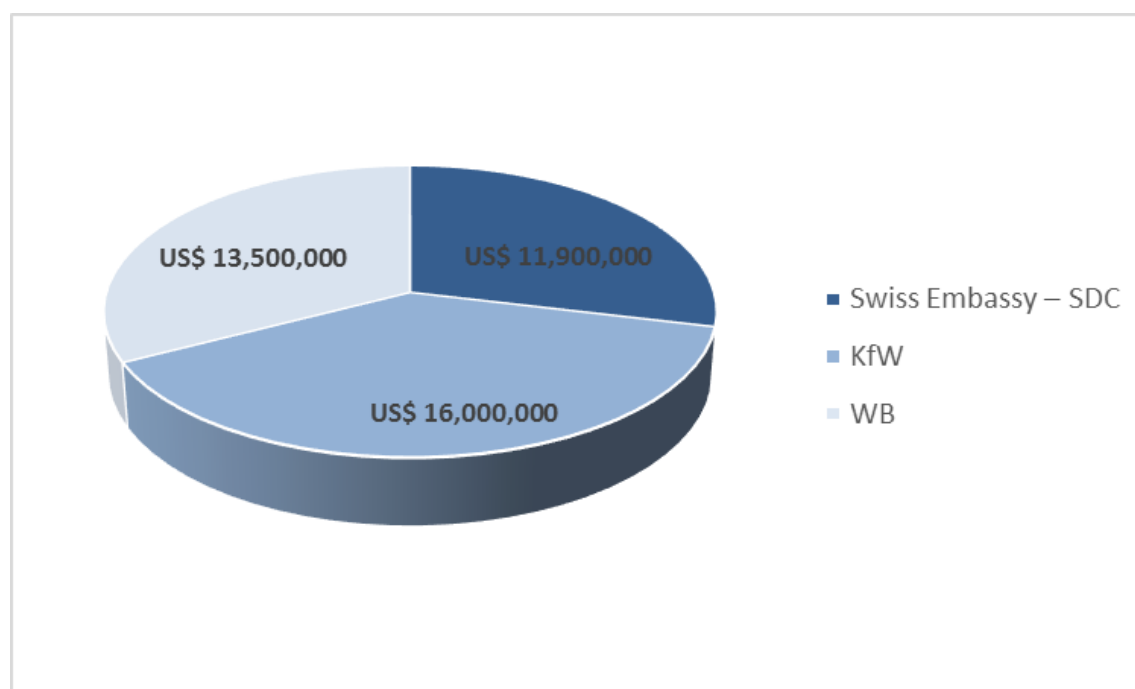


Fig. 4. SWAp2 contributions (2012–2016)

The Den Sooluk National Health Reform Programme of the Kyrgyz Republic has been developed for 2012–2016 and is a continuation of the preceding national health reform programmes – Manas (1996–2005) and Manas Taalimi (2006–2011). The Den Sooluk programme was developed through a participatory and collaborative effort under the leadership of the Ministry of Health and supported by WHO and other development partners active in the SWAp.

The mission of the programme is to establish conditions for health protection and improvement of the whole population and each individual, irrespective of social status and gender differences. Based on the disease burden structure and the Kyrgyz Government's commitments to achieve the Millennium Development Goals (MDGs), four priority areas to improve health indicators have been selected for the Den Sooluk programme: (i) cardiovascular disease; (ii) maternal and child health; (iii) tuberculosis; and (iv) HIV infection.

The Den Sooluk programme is based on the strengths and gains of prior national health reform programmes, with its own distinctive features.

- Structure considers the established priorities with clear identification of the expected outcomes in each area.
- All programme activities are determined by the agreed expected outcomes in improvement of health outcomes.
- Improvement of key health services at both individual and population level is the basis for this programme.
- Health system strengthening will be strongly oriented at removal of the barriers hindering delivery of key health services in four selected priority areas.
- selected priority areas.

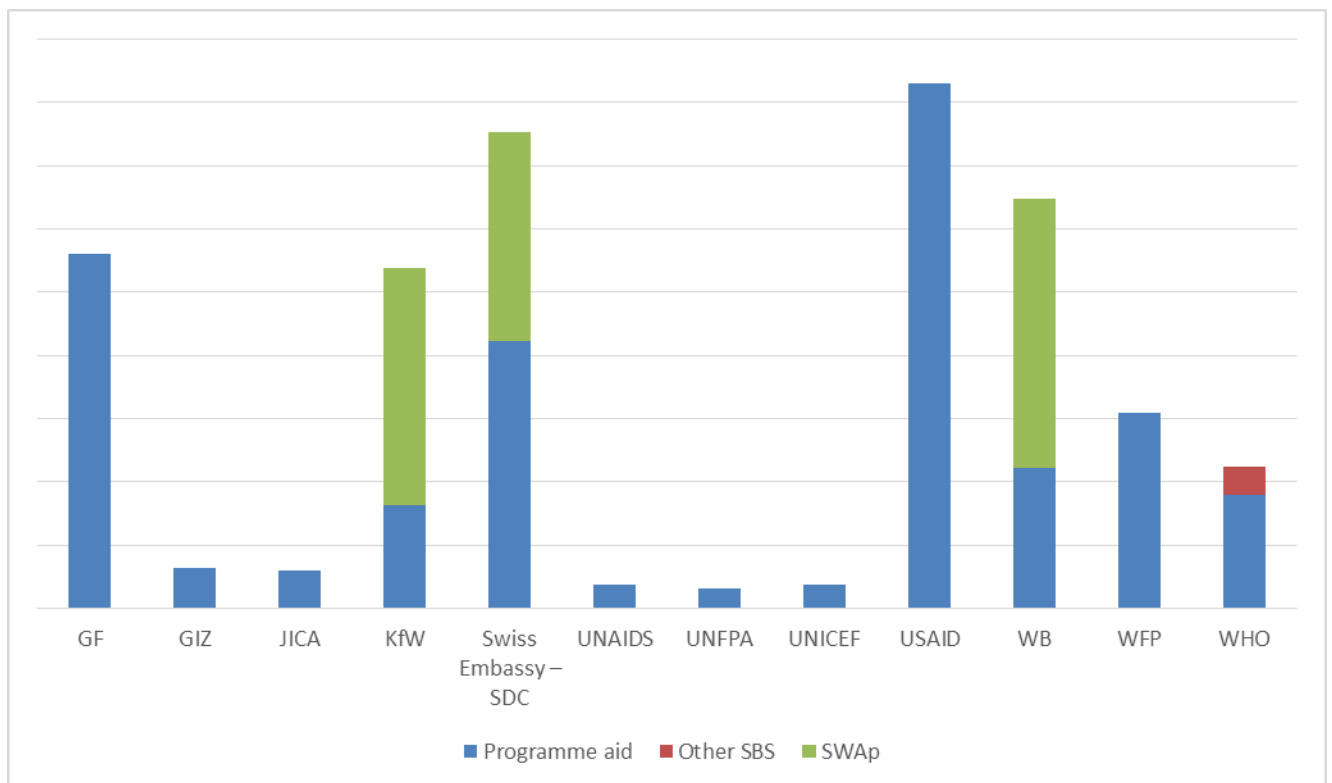


Fig. 5. Project aid, SWAp and other SBS, 2015

It is worth noting that WHO provides the only SBS outside the SWAp.

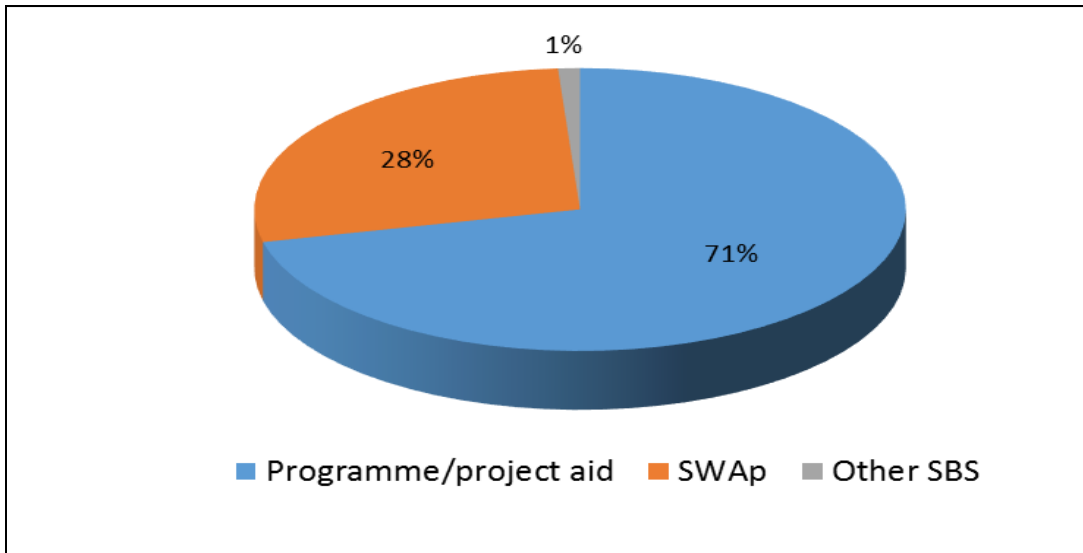


Fig. 6. Overall fund distribution by aid modalities, 2015

5.2 Geographical coverage

Almost all development partners (11 out of 12) indicated that they provide support to national level/structures; eight also implemented projects at regional levels. Pilot projects are carried out in pilot sites by eight of the 12 agencies interviewed.

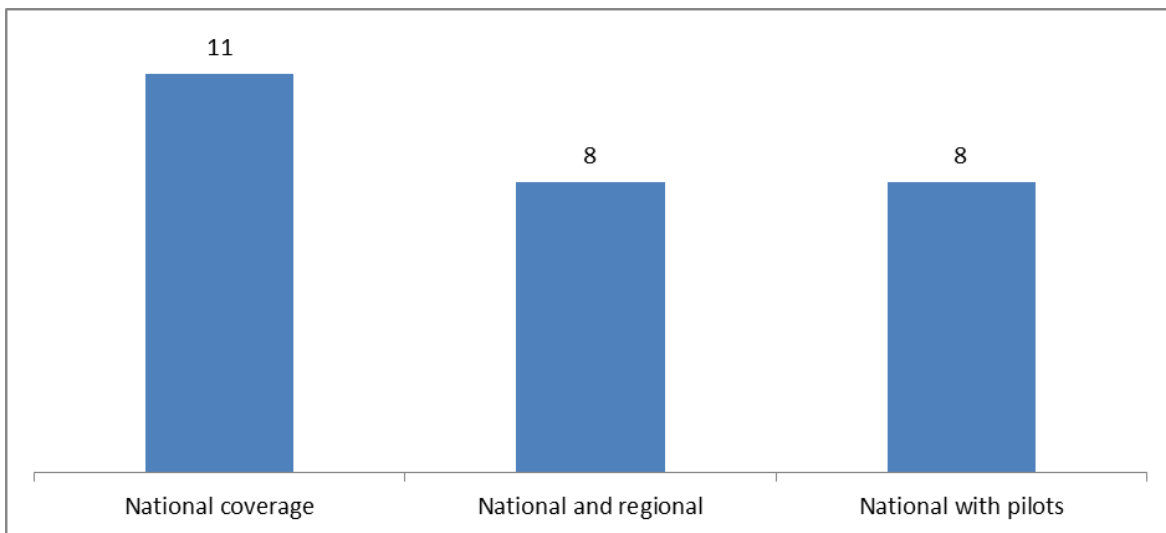


Fig. 7. Development partners by coverage, 2015

Table 7. Development partners by district, 2015

Geographical coverage		Donors
National		Global Fund, GIZ, KfW, Swiss Embassy – SDC, UNAIDS, UNFPA, UNICEF, USAID, WB, WFP, WHO
Regional	Bishkek city	GIZ, KfW, Swiss Embassy – SDC, UNAIDS, USAID, WHO
	Osh city	KfW, Swiss Embassy – SDC, UNAIDS, UNICEF, USAID
	Batken oblast	UNICEF, WB
	Jalal-Abad oblast	USAID
	Issyk-Kul oblast	GIZ, Swiss Embassy – SDC
	Naryn oblast	Swiss Embassy – SDC
	Osh oblast	KfW, USAID
	Talas oblast	UNFPA
	Chui oblast	GIZ, USAID, WHO
Pilot sites		GIZ, KfW, Japanese Embassy – JICA , Swiss Embassy – SDC, UNAIDS, UNFPA, UNICEF, USAID, WB, WHO

The location of all partners and their respective projects recorded by this survey is illustrated below (Fig. 8). A few towns were not covered by pilots: Batken, Sulyukta, Kadamjay, Kerben and Naryn.

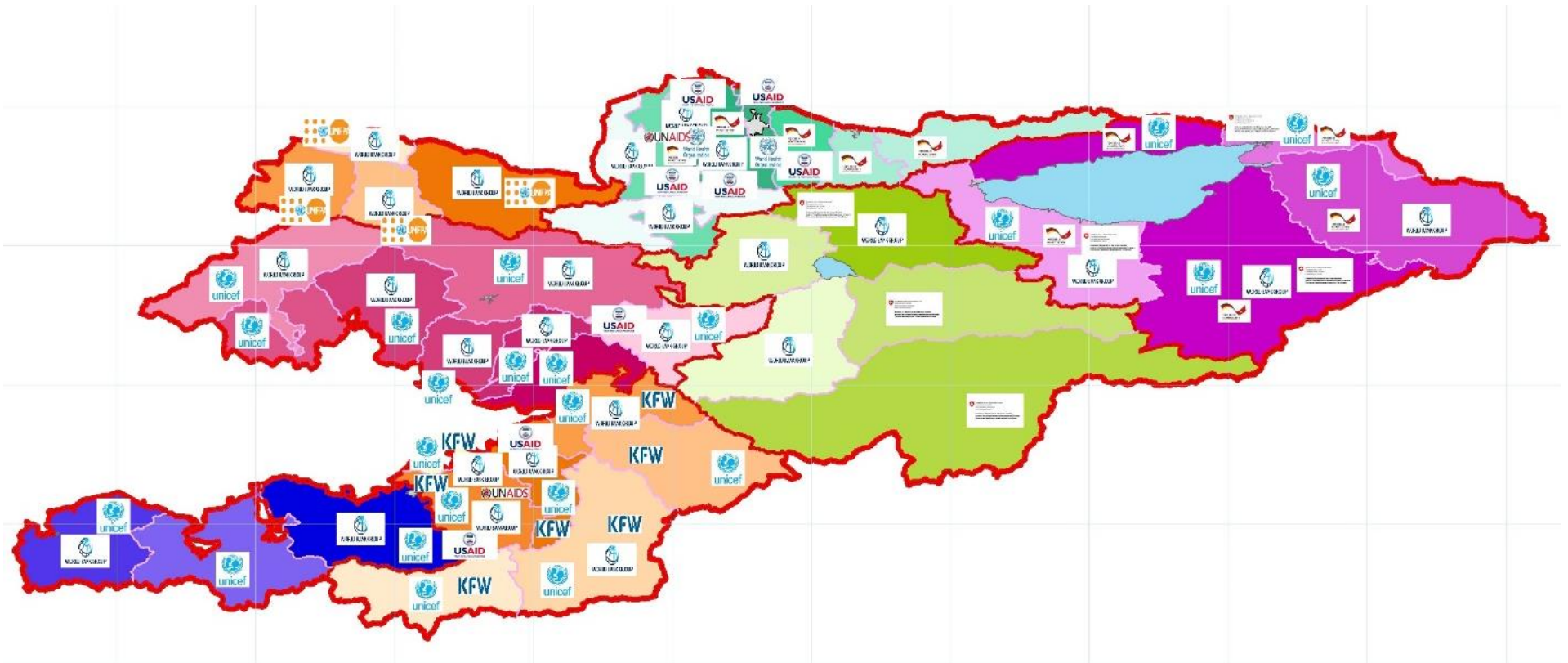


Fig. 8. Development partners by district, 2015

5.3 Funding categories, components, health system priorities

The distribution of disbursements for 2015 across different types of funding category is illustrated in Fig. 9. The largest share is devoted to technical assistance (54.06%), investments account for 40.58%; and the remaining 5.36% are administrative costs. USAID, the SDC and the Global Fund provided the largest amount of support in the form of technical assistance – 66% of the total. Three development partners provided the largest share of investments (83%) in terms of both grants and loans: the WB, KfW and the SDC.

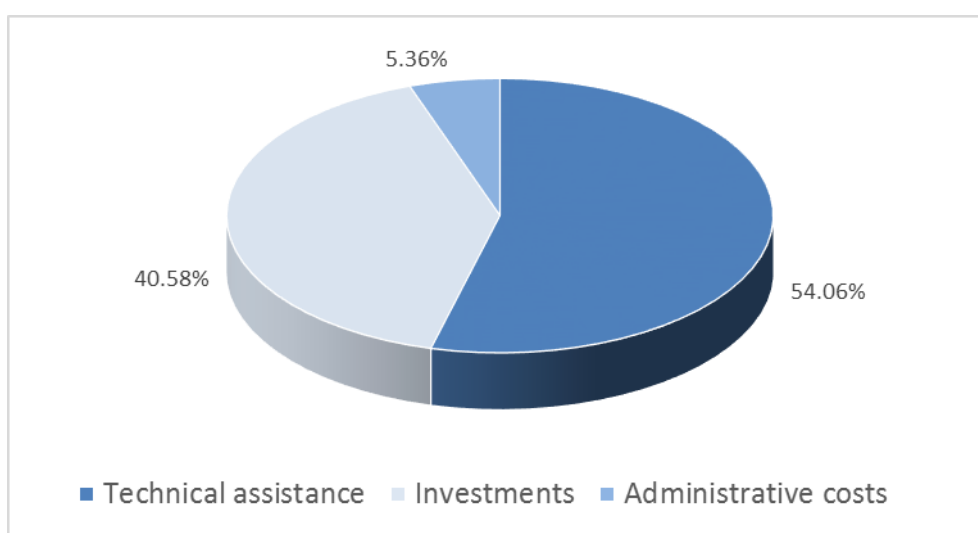


Fig. 9. Total disbursements by funding category, 2015

The following figure illustrates the distribution of the 54.1% of technical assistance funds across five components – (i) policy development; (ii) capacity building; (iii) guideline and protocol development; (iv) legal and regulatory framework; and (v) other (includes communication, consulting and similar services).

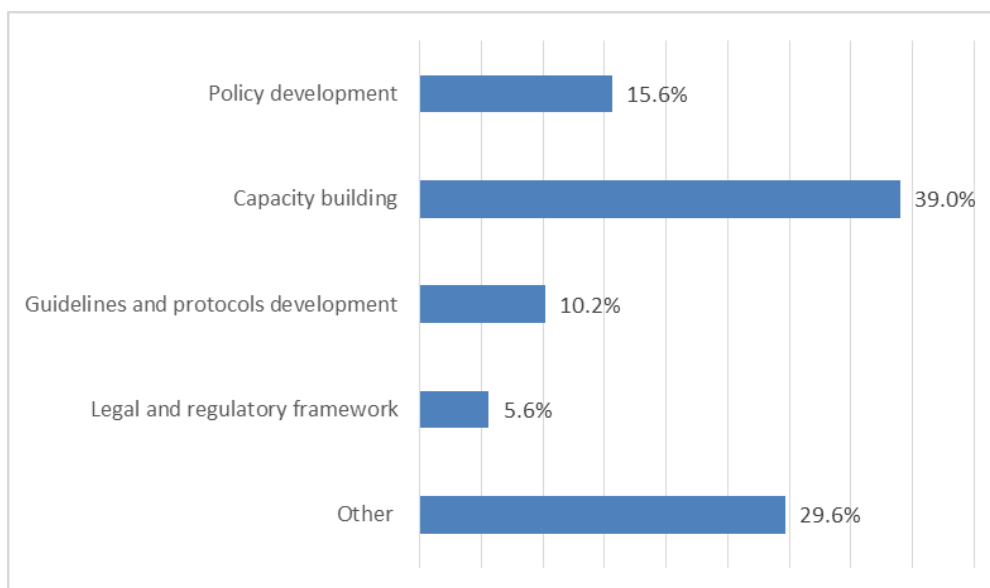


Fig. 10. Technical assistance by components, 2015

Fig. 11 illustrates the distribution of the investment quota – the 40.6% of the total ODA disbursed – across five components: (i) construction and refurbishment; (ii) medical equipment and technology; (iii) IT; (iv) medical supplies; and (v) other. Medical equipment and technology receives the largest share of investments.

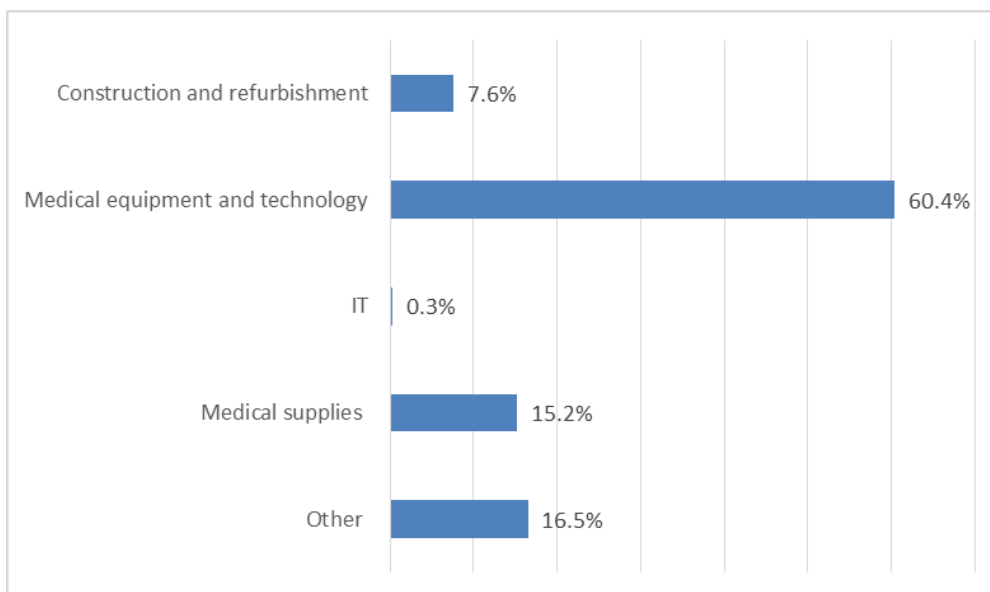


Fig. 11. Investment funds by components, 2015

Fig. 12 illustrates the distribution of the total disbursements among four health system functions: (i) health service delivery; (ii) resource generation; (iii) health financing; and (iv) stewardship and governance.

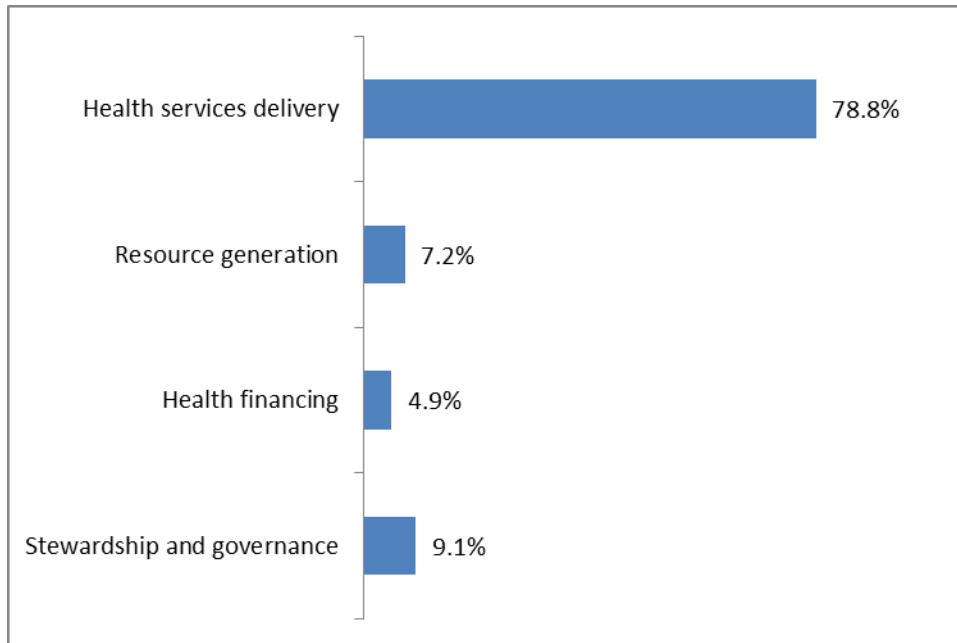


Fig. 12. Disbursements by health system functions, 2015

The health service delivery component can be broken down into four categories: (i) primary health care; (ii) hospital care; (iii) public health services; and (iv) emergency care (Fig. 13). Hospital care remains the main area of focus. Only 2% of total disbursements in 2015 targets emergency care.

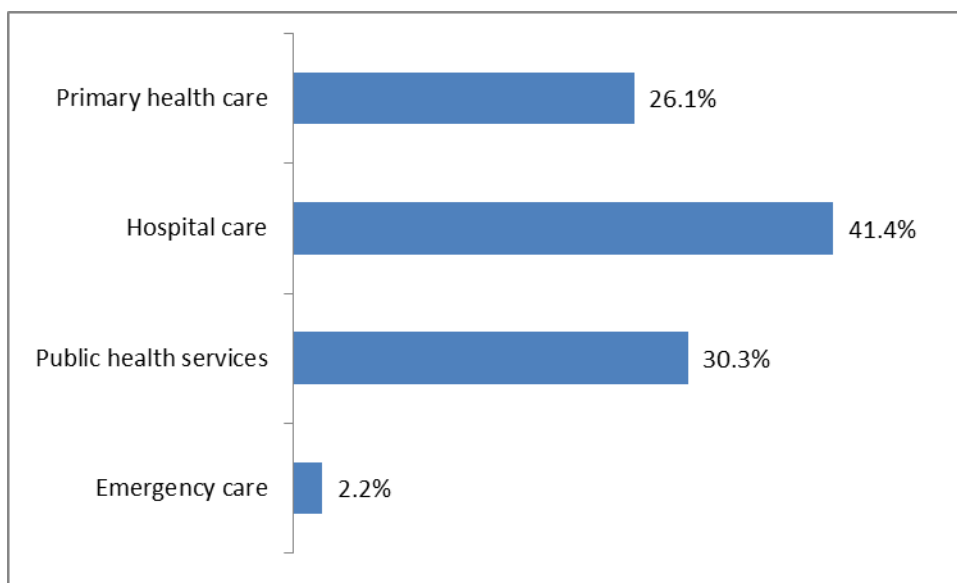


Fig. 13. Distribution of health service delivery quota, 2015

Fig. 14 shows the distribution of total ODA disbursements across different health priority programme areas. This clearly shows that the two areas with the largest share of financing are communicable diseases (48.70%), and maternal and child health and reproductive health (33.85%). Noncommunicable diseases rank third (11.90%). Less attention is paid to the areas of adolescent health (2.05%), injuries and violence (1.77%) and other areas (1.73%).

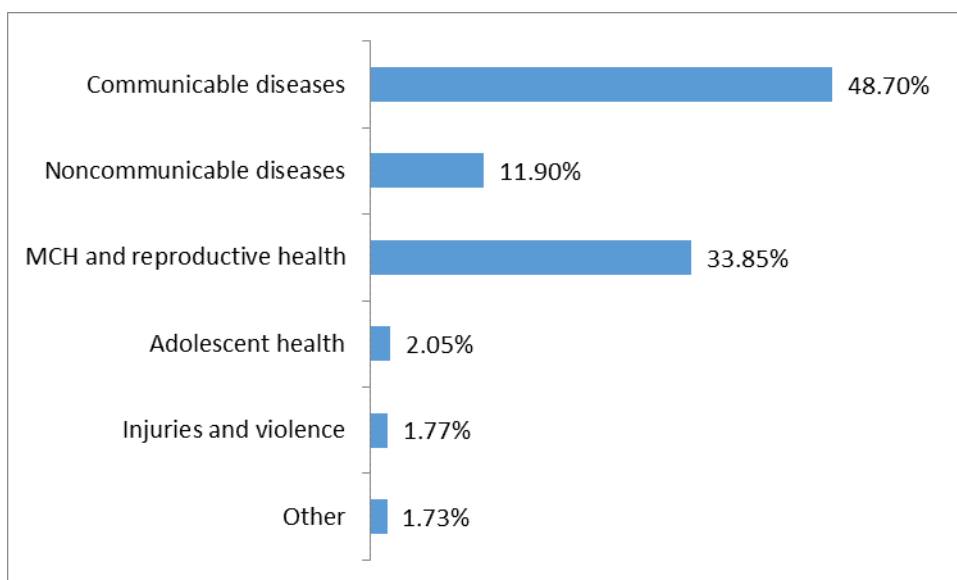


Fig. 14. ODA distribution according to health priority programme areas, 2015

5.4 Alignment with national priorities

The alignment of aid flows with health-sector policies, strategies and programmes is shown in Table 8. Almost all the development partners interviewed are implementing their projects with consideration of the goals set out in the national general strategies – the National Sustainable Development Strategy of the Kyrgyz Republic for 2013–2017 (eight donors) and the Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016 (10 donors). One partner (Japanese Embassy – JICA) reported that it is working towards only subsectoral strategies; one partner did not answer this section.

Table 8. Development partner alignment with national frameworks, 2015

General strategies	
National Sustainable Development Strategy of the Kyrgyz Republic for 2013–2017	GIZ; KfW; Swiss Embassy – SDC; UNAIDS; UNFPA; WB; WFP; WHO
Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016	GIZ; KfW; Swiss Embassy – SDC; UNAIDS; UNFPA; UNICEF; USAID; WB; WFP; WHO
Subsectoral strategies	
Strategy for the Protection and Promotion of Health of the Population of the Kyrgyz Republic until 2020 (Health–2020)	KfW; Swiss Embassy – SDC; USAID; WB; WHO
National Reproductive Health Strategy for 2006–2015	GIZ; Japanese Embassy – JICA; KfW; Swiss Embassy – SDC; WB; WHO
Programme for the Improvement of Perinatal Care in the Kyrgyz Republic for 2008–2017	GIZ
Tuberculosis 4 National Programme for 2013–2016	KfW; USAID; WB; WHO
State Programme on the Stabilization of the HIV epidemic in the Kyrgyz Republic 2012–2016	KfW; UNAIDS; UNFPA; USAID; WB; WHO
State programme on prevention and control of noncommunicable diseases in the Kyrgyz Republic for 2013–2020	KfW; Swiss Embassy – SDC; WB; WFP; WHO
State Programme on Immunoprophylaxis for 2013–2017	WB; WHO
Programme for prevention of reappearance of local malaria transmission in the Kyrgyz Republic for 2014–2018	WB; WHO
State programme on the health	WHO

protection of citizens of the Kyrgyz Republic against harmful tobacco impact for 2008–2015	
Programme of the state guarantees that ensures health care for the citizens of the Kyrgyz Republic	KfW; Swiss Embassy – SDC; USAID; WB
Kyrgyz Republic e-health programme for 2016–2020	USAID; WB; WHO
Concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016–2020	USAID; WB
Kyrgyz Republic programme to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014–2020	WB; WHO

5.5 Financial management systems

Section VI of the questionnaire requested development partner agencies to indicate their use of a country’s financial tools and/or national procurement systems. Eight development partners indicated whether or not their ODA was recorded in the national health budget; four development partners lacked this information (Fig.15).

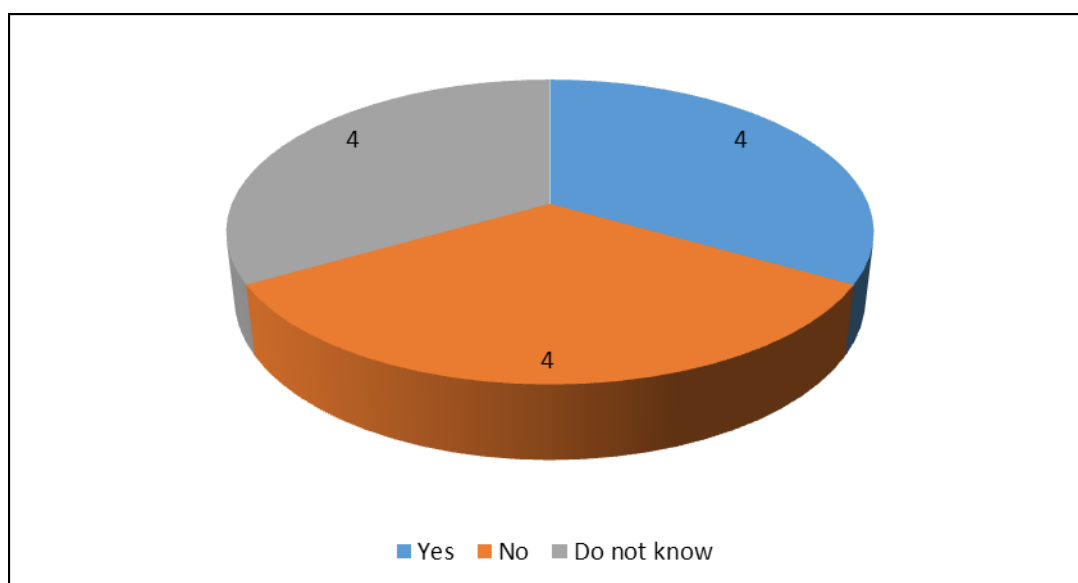


Fig. 15. Was your ODA recorded in the annual 2015 sector budget?

Four agencies provided a positive response to this question: three involved in the SWAp mechanism (KfW, SDC, WB) plus UNAIDS.

Only five organizations provided data on the usage of national procedures (budget execution, financial reporting, auditing, procurement). All of these donors reported usage of national budget execution, financial reporting and auditing procedures.

Among the non-SWAp partners, only UNAIDS reported use of a national procurement system.

5.5 Aid predictability

This survey covered 42 projects and programmes: 30 of these are ongoing and 12 were accomplished by 31 December 2015.

The majority of development partners (eight of 12) committed to provide support in 2016. Of these, six partners intend to continue support in 2017 and five in 2018. WHO and the SDC have already committed to support the Kyrgyz health sector until 2020 (Fig.16).

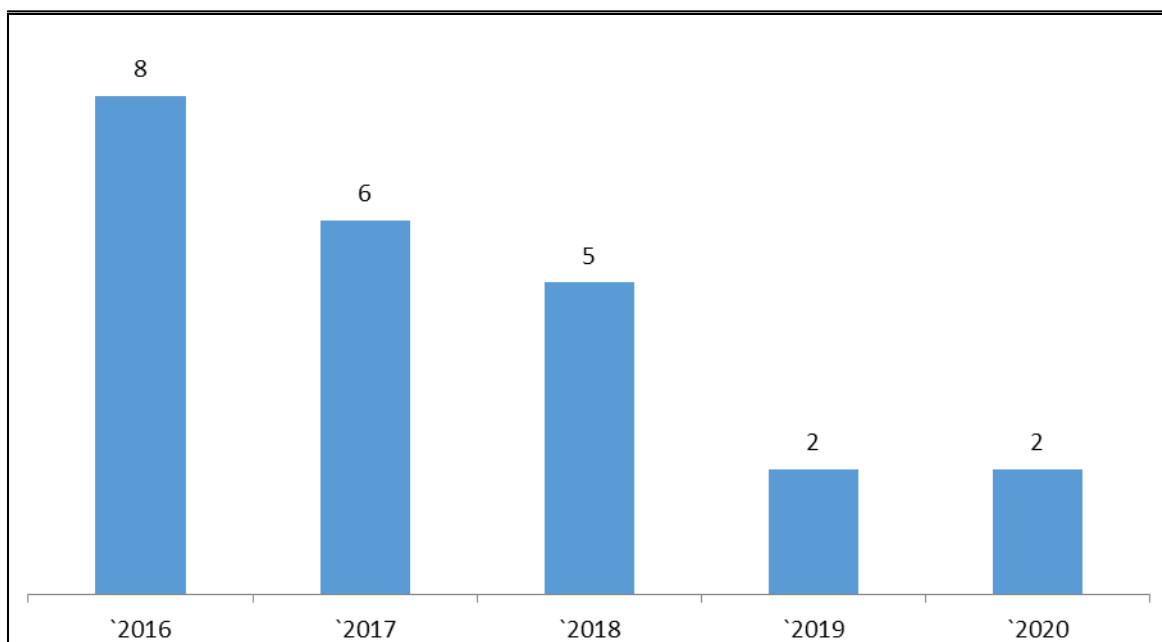


Fig. 16. Development partner commitment to provide future support to Kyrgyz health sector

Among partners continuing to support the Kyrgyz health sector in 2016, two agencies confirmed that they would be increasing their disbursements and six agencies reported plans to decrease their contributions.

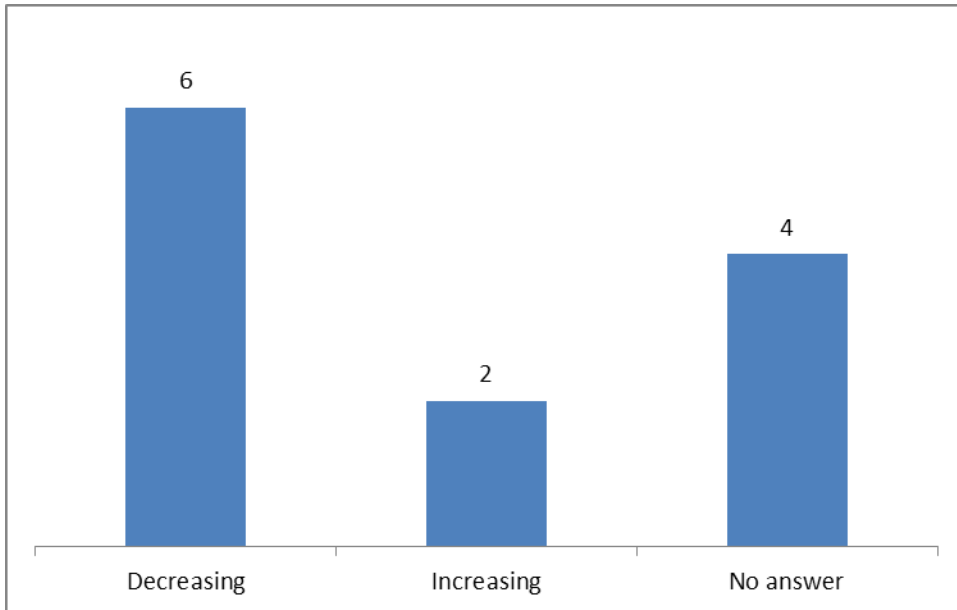


Fig. 17. Pledged amounts for 2016

5.6 Coordination and complementarity

Six development partners reported undertaking a total of 48 missions during 2015; just under 69% (33) of these conducted by WHO. In addition, only WHO and the SDC reported analytical works in 2015.

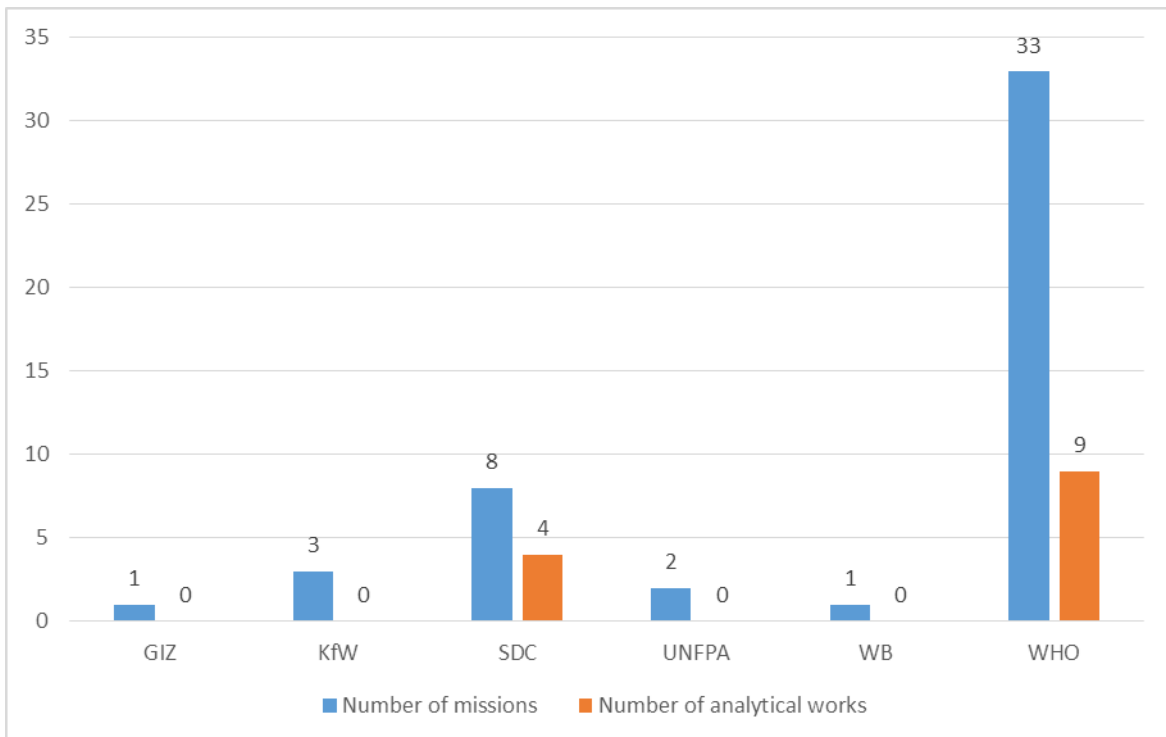


Fig. 18. Development partner health-sector missions and analytical works, 2015

Five of the 11 development partners who rated partner coordination in the health sector reported a good level. Three development partners said that coordination was at medium level.

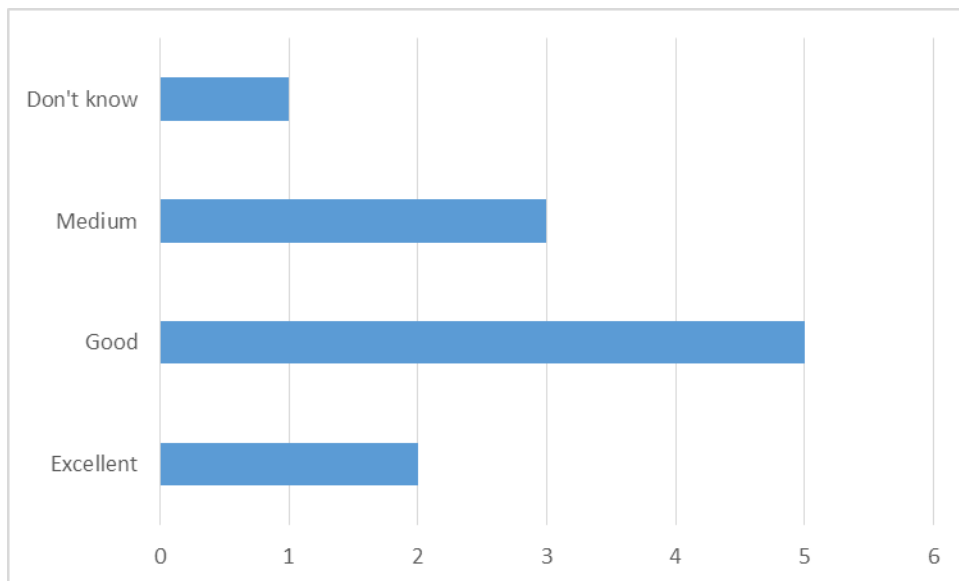


Fig. 19. Rating of partner coordination in the health sector

Eleven development partners provided feedback on the policy dialogue between the Ministry of Health of the Kyrgyz Republic and their organizations. Perceptions differed between donor agencies: five considered that the policy dialogue is of high impact (WFP, WB, SDC, KfW, WHO). The WFP mentioned that the Ministry of Health is always readily available to coordinate, discuss and facilitate development actions.

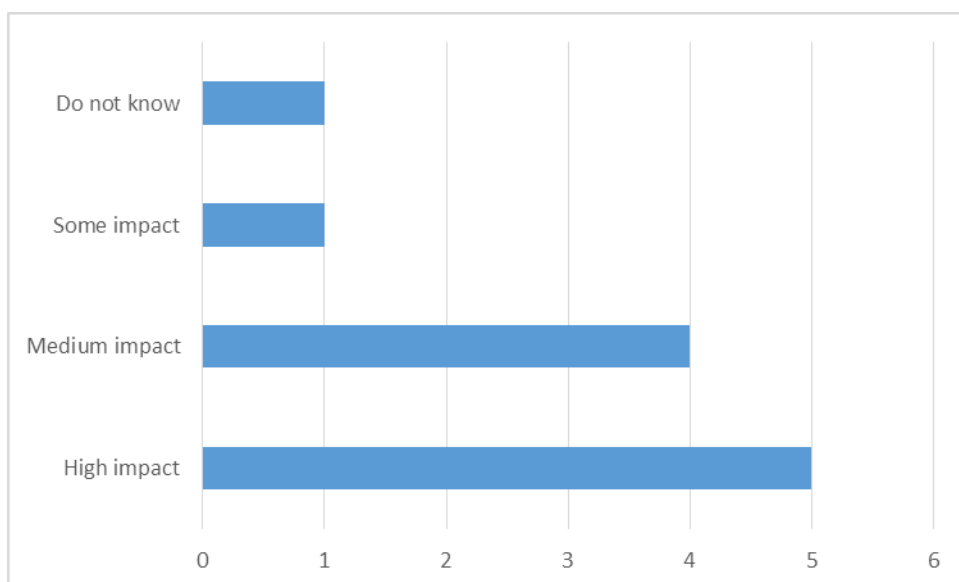


Fig. 20. Perceived impact of the policy dialogue, 2015

Problems mentioned concerning the coordination mechanism included competing and unaligned interests of development partners, as well as different procedures; new and un-traditional partners emerging in the health sector that are not engaged with SWAp and have parallel structures; Ministry of Health providing insufficient leadership and ownership to ensure good quality implantation of health programmes; low level of predictability and coordination of non-traditional donors; and high turnover rates. Partner agencies proposed several improvements, including:

- Ministry of Health to lead, take ownership of the whole process and drive policy dialogue;
- strengthening the capacity of senior management in the Ministry of Health;
- channeling every donor commitment through SWAp (although this appears unrealistic);
- increasing Ministry of Health remuneration in order to cut staff turnover;
- setting up regular information exchange between Ministry of Health and development partners; and
- increasing transparency on ODA and partners' activities.

6 Overview of the findings

The data presented in this report reflect the commitment of 12 development partners funding a total of 42 projects in the Kyrgyz health sector in 2015. The total amount of ODA disbursed by development partners in the Kyrgyz health sector is **US\$ 40 932 763 – 21% of total public health expenditure.**¹⁷

The 28% of ODA disbursed to the health sector is delivered under the SWAp-2 mechanism which involves three partners. The SWAp support comes in the form of *earmarked budget support* connected to the Den Sooluk national health reform programme. The funds delivered through project aid more than double the SWAp disbursements.

Ten of the 12 development partners declared themselves to be working towards the objectives of the Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016.

In terms of the geographical coverage of development community projects, the capital city (Bishkek) and the most populous oblast (Osh) appear to acquire the most projects. Conversely, only three partners are present in Chui and only one in Jalal-Abad – the two most populous oblasts after Osh.

Almost 80% of ODA is dedicated to health service delivery. Within that area, the hospital sector receives the most attention (41.4% of the total ODA disbursed in 2015). This is followed by public health facilities (30.3%). Primary health care is targeted by only 26% of these funds.

Of the funds dedicated to technical assistance, the largest share is concentrated on capacity building. The largest share of investment funds targets medical equipment and technology.

In terms of priorities, communicable disease, mother and child care and reproductive health and noncommunicable disease gain the largest shares of ODA. Communicable diseases are targeted by almost half of all ODA disbursement in 2015.

Reported usage of the country's financial mechanisms indicates that there is further work to be done. Local institutions should consolidate and share information about the mechanisms in place and the development community should engage more fully with them. Similarly, the data show that the development community has much room for improvement in respect of financial mechanisms for both joint missions and analytical work.

When considering aid predictability, it is clear that the majority of partners will continue to work in the Kyrgyz health sector. However, the data reflect their intentions to decrease contribution levels.

¹⁷ At the 2015 official exchange rate.

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Annex 1 List of partners contacted

Short name	Full name
ADB	Asian Development Bank
FAO	Food and Agriculture Organization of the United Nations
GIZ	German Embassy – Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Iranian Embassy	Embassy of Iran
Japanese Embassy – JICA	Embassy of Japan – Japan International Cooperation Agency
KfW	German Embassy – KfW Development Bank
Korean Embassy – KOICA	Embassy of Republic of Korea – Korea International Cooperation Agency
Russian Embassy	Embassy of Russia
Swiss Embassy – SDC	Embassy of Switzerland – Swiss Agency for Development and Cooperation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
United States Embassy – USAID	United States Embassy – United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Annex 2 Questionnaire

Evaluation of official development assistance support to health sector of the Republic of Kyrgyzstan, 2015

The following questionnaire is to be completed by all development partner agencies providing official development assistance (ODA) to the health sector. Each development partner should complete a single questionnaire that compiles information for all grants and loans targeting the health sector.

[TAB WITH REFERENCE TO DEFINITIONS SECTION I]

It should be noted that in cases where a development partner provides funds through another development partner – bilateral or multilateral – the last development partner disbursing funds is responsible for reporting in this questionnaire.

The head of the development partner organization in-country is responsible for the quality and accuracy of responses provided and, as such, is usually responsible for completing the questionnaire on time.

Submission deadline: **September 2016**

I. General information about development partner agency

[TAB WITH REFERENCE TO DEFINITIONS SECTION I]

GI_1. Development partner agency: [type name TEXT TAB]

GI_2. Country director: [type name TEXT TAB]

GI_3. Development partner official submitting this completed questionnaire:

[type name TEXT TAB]

This should usually be the same as GI_2, but another person could also fill it in

GI_4. Key goals and achievements: [TEXT TAB]

Please provide one page descriptive summary of your official development assistance key goals and achievements, results and milestones for calendar year 2015.

GI_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2015:

Please enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the National Bank of Kyrgyzstan in 2015.

No	Category	Funding allocation [original currency]
1	Programme/project aid	
2	Sector budget support	
3	Pooled funds under SWAp	
4	Other pooled financing	

II. Programme/project details (applicable for all aid modalities)

*Each development partner should complete sections II, III IV and V for **each programme/project** for which they provide support that qualifies under ODA criteria.*

[A TAB THAT OPENS SECTIONS II, III AND IV FOR EACH PROGRAMME /PROJECT AS MANY TIMES AS NEEDED]

PDe_1. Project/programme title: [TEXT TAB]

PDe_2. Project/programme manager:[type name TEXT TAB]

PDe_3. Job title: [TEXT TAB]

PDe_4. Email: [TEXT TAB]

PDe_5. Phone: [TEXT TAB]

PDe_6. Programme/project is implemented ... [Multiple answer question]

No	Category
1	directly through development partner's office
2	through public sector (Ministry of Health/other public authorities)
3	through agency (international or local organization/s)
4	through other (specify__)

PDe_7. Please name the implementing agency/ies: [TEXT TAB] + [TAB WITH REFERENCE TO DEFINITIONS SECTION II Implementing Agency]

PDe_8. Starting date: [Date TAB]

PDe_9. Completion date: [Date TAB]

PDe_10. Implementation status as of 31.12.2015:

No	Category
1	Completed
2	In process
3	Approved, but not started
4	Suspended
5	Other (specify) [TEXT TAB]

III. Programme/project description (applicable for all aid modalities)

[TAB WITH REFERENCE TO DEFINITIONS SECTION III]

PD_1. Project/programme goal: [TEXT TAB]

PD_2. Project/programme progress:

Please provide up to five key output or outcome indicators for each project, their targets and actual values for the year 2015, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

No.	Indicator	Target value	Actual value	Notes
1				
2				
3				
4				
5				

PD_3. Type of financing:

No.	Category
1	Grant
2	Concessional Loan

PD_3.1 Type of funding:

Please estimate in %, the total amount should equal 100%

No.	Category	%
1	Tied	
2	Untied	

PD_4. Total programme/project budget:

[NUMBER TAB, in original currency]

PD_4.1. If the project/programme is co-financed by the Government/Ministry of Health of the Republic of Kyrgyzstan, what is your agency's contribution to the project?

[NUMBER TAB, in original currency]

PD_5. Amount of budget disbursed during calendar year 2015: [NUMBER TAB, in original currency and automatic recoding into USD in a second TAB].

PD_6. Type of funding:

Please estimate in %, the total amount should equal 100%

No.	Category	%
1	Technical assistance	

	(policy development; capacity building; guidelines and protocols and legal and regulatory framework development; other).	
2	Investment (construction and refurbishment; medical equipment and technology; IT; medical supplies; other).	
3	Administrative costs.	

FILTER: PD_7 applies only to development partners who provide technical assistance

PD_7. If you provide technical assistance, please estimate the distribution of financial resources to the following categories, in %:

No	Category	Funding allocation %
1	Policy development (including monitoring & evaluation and analytical works)	[NUMBER TAB]
2	Capacity building	[NUMBER TAB]
3	Guidelines and protocols development	[NUMBER TAB]
4	Legal and regulatory framework development	[NUMBER TAB]
5	Other (specify) [TEXT TAB]	[NUMBER TAB]

FILTER: PD_8 applies only to development partners who provide investments

PD_8. If you provide investment assistance, please estimate the distribution of financial resources to the following categories, in %:

No	Category	Funding allocation %
1	Construction and refurbishment	[NUMBER TAB]
2	Medical equipment and technology	[NUMBER TAB]
3	IT	[NUMBER TAB]
4	Medical supplies (including immunizations, pharmaceuticals etc.)	[NUMBER TAB]
5	Other (specify) [TEXT TAB]	[NUMBER TAB]

IV. Programme/project description (applicable for all aid modalities) by priority areas of health sector [TAB WITH REFERENCE TO DEFINITIONS SECTION IV]

PA_1. How much of your financial support goes to the following areas of the health system?

Please estimate in %, the total amount should equal 100%

No	Category	Funding allocation, %
1	Health service delivery (primary care; hospitals; public health services; emergency care)	[NUMBER TAB]
2	Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	[NUMBER TAB]
3	Health financing	[NUMBER TAB]
4	Leadership and governance	[NUMBER TAB]

FILTER: PA_2 applies only to development partners who provide support for developing/strengthening health services

PA_2. How much of your financial support and organizational effort goes to the following areas of health service delivery?

Please estimate in %, the total amount should equal 100%

No	Category	Funding allocation %
1	Primary care	[NUMBER TAB]
2	Hospitals	[NUMBER TAB]
3	Public health services	[NUMBER TAB]
4	Emergency care	[NUMBER TAB]
	TOTAL	100%

FILTER: PA_3 applies only to development partners who provide investments (see question PD_8) in the health service delivery area (see question PA_1)

PA_3. How much of your financial support goes to the following areas of health service delivery distributed by the following categories?

Please estimate in % so that each column totals 100%

Category	1.Primary care	2.Hospitals	3.Public health services	4.Emergency care
Construction and refurbishment				
Medical equipment and technology				
IT				
Medical supplies				
Other				
Total	100%	100%	100%	100%

PA_4. Please estimate approximately how much of your financial support goes to the various disease areas, risk factors by following health services areas:

Please estimate in % so that each column totals 100%

Category	1.Primary care	2.Hospitals	3.Public health services	4.Emergency care
Communicable diseases	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Risk factors	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Noncommunicable diseases	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Injuries and violence	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
MCH and reproductive health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Adolescent health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

Other (specify) [TEXT TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Total	100%	100%	100%	100%

FILTER: PA_5 applies only to development partners who provide support in the communicable disease area

PA_5. Please estimate approximately how much of your financial support goes to the various communicable disease areas following health service delivery levels:

Please estimate in % so that each column totals 100%

No	Communicable diseases	Primary care	Hospitals	Public health SsrVICES	Emergency care
1.1	HIV				
1.2	TB				
1.3	Hepatitis				
1.4	Vaccine-preventable				
1.5	Other				
		100%	100%	100%	100%

FILTER: PA_6 applies only to development partners who provide support in the risk factor area

PA_6. Please estimate approximately how much of your financial support goes to the various risk factor areas following health service delivery levels:

Please estimate in % so that each column totals 100%

No	Risk factors	Primary care	Hospitals	Public health services	Emergency care
2.1	Tobacco				
2.2	Alcohol				
2.3	Nutrition				
2.4	Physical activity				
		100%	100%	100%	100%

FILTER: PA_7 applies only to development partners who provide support in the noncommunicable disease area

PA_7. Please estimate approximately how much of your financial support goes to the various noncommunicable disease areas following health service delivery levels:

Please estimate in % so that each column totals 100%

No.	Noncommunicable disease	Primary care	Hospitals	Public health services	Emergency care
3.1	Cardiovascular disease (CVD)				
3.2	Cancer				
3.3	Diabetes				
3.4	Chronic obstructive pulmonary disease (COPD)				
3.5	Mental health				
3.6	Others				
		100%	100%	100%	100%

V. Geographical coverage

GC_1. Please estimate approximately how much of your financial support goes to the various geographical areas:

Please estimate in % so that the total equals 100%

[Multiple answers possible]

No.	Category	
1	National coverage	
2	Targeted sub-national coverage	
3	Pilot sites	
		100%

FILTER: GC_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites

GC_2 Please specify where:

[Multiple answers possible]

No of rows	Category	JUST CHECK
1	Bishkek	
1	Osh	
4 (one per rayon)	Kadamjay Leylek; Batken; Kyzyl-Kyya	
8 (one per rayon)	Alamüdü; Chui; Jaiyl; Kemin; Moskow; Panfilov; Sokuluk; Issyk Ata	
8 (one per rayon)	Aksy; Ala-Buka; Bazar-Korgon; Chatkal; Nooken; Suzak; Toguz-Toro; Toktogul	
5 (one per rayon)	Ak-Talaa; At-Bashy; Jungal; Kochkor; Naryn	
7 (one per rayon)	Alai; Aravan; Chon-Alai; Kara-Kuldja; Kara-Suu; Nookat; Uzgen	
4 (one per rayon)	Bakai-Ata; Kara-Buura; Manas; Talas	
4 (one each rayon)	Jeti-Oguz; Ton; Tyup; Issyk-Kul	

VI. Aid flows are aligned with national priorities

[TAB WITH REFERENCE TO DEFINITIONS]

NP_1. How much ODA overall did you disburse for health in calendar year 2015?

[NUMBER TAB, in original currency, predefined list]

NP_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development Partners on *Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016* (the sector-wide approach of the health sector)? Please check what applies:

1. Yes
2. No

NP_3. Please, specify which national policies, strategies or programmes of the health sector your agency contributes to:

Please check all that apply
[Multiple answer question]

General strategies

1. The National Sustainable Development Strategy of the Kyrgyz Republic for 2013–2017.
2. Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012–2016.

Subsectoral strategies

1. Strategy for the Protection and Promotion of Health of the Population of the Kyrgyz Republic until 2020 (Health–2020).
2. National Reproductive Health Strategy for 2006–2015.
3. Programme for the Improvement of Perinatal Care in the Kyrgyz Republic for 2008–2017.
4. Tuberculosis 4 National Programme for 2013–2016.
5. State Programme on the Stabilization of the HIV epidemic in the Kyrgyz Republic 2012–2016.
6. State programme on prevention and control of noncommunicable diseases in the Kyrgyz Republic for 2013–2020.
7. State Programme on Immunoprophylaxis for 2013–2017.
8. Programme for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014–2018.
9. State programme on the health protection of citizens of the Kyrgyz Republic against harmful tobacco impact for 2008–2015.
10. Programme of the state guarantees that ensures health care for the citizens of the Kyrgyz Republic.
11. Kyrgyz Republic e-health programme for 2016–2020.
12. Concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016–2020.

13. Kyrgyz Republic programme to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014–2020.

NP_4. Others: *If not recalled in the list above, please state the national policies, strategies or programmes of the health sector your agency contributes to:*

NP_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2015 (ODA which is not captured in your responses to other questions):

[NUMBER TABS, in original currency and automatic recoding into USD in a second TAB]

NP_6. Please specify the name of other development partner agencies through which you disbursed ODA for the health sector of the Kyrgyz Republic in 2015:

[TEXT TAB, possibility to add more than one name]

VII. Distribution of development partner support by MTBF and other financial tools

Mid-term budgetary framework

[TAB WITH REFERENCE TO DEFINITIONS]

MT_1. Thinking back for year 2015, please estimate how much of your support went to the following MTBF categories:

Please estimate % for each of seven main categories and check subcategories that apply:

[POP-UP WINDOW WITH SUBCATEGORIES AND POSSIBILITY TO CHECK ALL THAT APPLY]	%
i. Management and administration	[NUMBER TAB]
ii. Individual services	[NUMBER TAB]
iii. High cost /high-tech health care	[NUMBER TAB]
iv. Public health	[NUMBER TAB]
v. Medical education	[NUMBER TAB]
vi. State guarantees	[NUMBER TAB]
vii. Additional medical health insurance programme	[NUMBER TAB]

Use of country public financial management systems

[TAB WITH REFERENCE TO DEFINITIONS]

FM_1. Was your ODA for the health sector recorded in the annual 2015 sector budget?

1. Yes
2. No
3. Do not know

FM_2. How much ODA for the health sector was actually recorded in the national accounting systems in calendar year 2015?

[NUMBER TAB, in USD]

In calendar year 2015, how much ODA disbursed for the government/public sector used...

FM_3. ...national budget execution procedures (Treasury account)?

[NUMBER TAB, in USD]

88. Do not know

FM_4. ...national financial reporting procedures?

[NUMBER TAB, in USD]

88. Do not know

FM_5....national auditing procedures?

[NUMBER TAB, in USD]

88. Do not know

FM_6....all three aforementioned national procedures?

[NUMBER TAB, in USD]

88. Do not know

Use of country procurement systems

[TAB WITH REFERENCE TO DEFINITIONS]

PS_1. How much ODA disbursed for the health sector used national procurement systems in calendar year 2015?

[NUMBER TAB, in USD]

88. Do not know

Section VIII. Aid is more predictable (applicable for all aid modalities)

[TAB WITH REFERENCE TO DEFINITIONS]

AP_1. Do you plan to continue supporting the health sector in years 2016–2020?

1. Yes, until year [tab where the development partner can include the year]
2. No
3. Uncertain

How much total ODA for the Kyrgyz health sector ...

AP_2. did you schedule for disbursement in calendar year 2015? [NUMBER TAB, in USD]

AP_3. did you schedule for disbursement in calendar year 2016? [NUMBER TAB, in USD]

AP_4. did you schedule for disbursement in calendar year 2017? [NUMBER TAB, in USD]

AP_5. did you schedule for disbursement in calendar year 2018? [NUMBER TAB, in USD]

AP_6. did you schedule for disbursement in calendar year 2019? [NUMBER TAB, in USD]

AP_7. did you schedule for disbursement in calendar year 2020? [NUMBER TAB, in USD]

AP_8. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-year plan agreed with the local government?

1. Yes
2. No

AP_9. Please indicate the starting and ending dates of your agency's current and next multi-year plans for the Republic of Kyrgyzstan:

Current plan			Next plan		
Current plan name	Starting year	Ending year	Next plan name	Starting year	Ending year
	[TEXT TAB]	[TEXT TAB]		[TEXT TAB]	[TEXT TAB]

AP_10. Please indicate how much of the scheduled disbursement for 2016–2018 will go to the following MTBF categories: ([NUMBER TAB, in original currency and automatic recoding into USD in a second TAB])

[POP-UP WINDOW WITH SUBCATEGORIES AND POSSIBILLITY TO CHECK ALL THAT APPLY]	2016 (US\$)	2017 (US\$)	2018 (US\$)
I. Management and administration	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
II. Individual services	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
III. High cost /high-tech health care	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
IV. Public health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
V. Medical education	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VI. State guarantees	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VII. Additional medical health insurance programme	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

Section IX. Use of common arrangements or procedures among development partners_[TAB WITH REFERENCE TO DEFINITIONS]

Joint missions

[TAB WITH REFERENCE TO DEFINITIONS]

JM_1. How many missions to the field were undertaken in calendar year 2015?

[Tab with the number]

Number and name of missions:

JM_2. How many of these were coordinated:

[Tab with the number]

	[TEXT TAB] Insert name/	[TEXT TAB] Coordinated with which development partners?	[YES/NO] Coordinated under the joint statement (SWAp)?
1			
2			
3			
4			
5			
[Possibility to add additional tabs]			

Joint health-sector analytical work

[TAB WITH REFERENCE TO DEFINITIONS]

How many health-sector analytical works did you undertake in calendar year 2015?

AW_1. Number of works: [Tab with the number]

AW_2. How many of these were coordinated? [Tab with the number]

In order to facilitate consolidation of results, for each co-ordinated health-sector analytical work counted, please list below a description and list of stakeholders with whom the analytical work was coordinated.

[NUMBER TAB]	[TEXT TAB] Name	[TEXT TAB] Coordinated with which development partners?	[YES/NO] Coordinated under the joint statement

			(SWAp)?
1			
2			
3			
4			
5			
[Possibility to add additional tabs]			

SECTION X. Coordination and complementarity

Policy dialogue, coordination and complementarity of development partner assistance are key issues of the Paris Declaration and especially important in a sector such as health. From your experience, how would you assess the following?

CC_1. How would you rate the overall development partner coordination in the health sector?

1. Excellent
2. Good
3. Medium
4. Poor
5. Very poor
88. Don't know

CC_2. From your point of view, what specific role does and did the international organization that you represent play within the development partner community in the health sector of the Kyrgyz Republic between 2008 and 2014?

[TEXT TAB]

CC_3. How would you rate the extent to which development partner support has been aligned to the priorities of the health sector in the Kyrgyz Republic?

Scale 1 to 10

1 2 3 4 5 6 7 8 9 10

CC_4. Please give reasons for your assessment:

[TEXT TAB]

CC_5. What were the constraints to achieving complete alignment with health sector priorities?

[TEXT TAB]

CC_6. How would you rate the impact of the policy dialogue between the Ministry of Health and the international organization that you represent on your further priority setting in the health sector?

1. High impact
2. Medium impact
3. Some impact
4. No impact
88. Do not know

CC_7. Please specify the reasons for your answer:

[TEXT TAB]

CC_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?

1. Yes
2. No
88. Do not know

CC_9. If yes, please, provide details on the added value of this coordination mechanism:

[TEXT TAB]

CC_10. What problems have been encountered in this coordination mechanism?

[TEXT TAB]

CC_11. What do you suggest would improve the development partner coordination mechanism led by the Ministry of Health?

[TEXT TAB]

Please indicate any other remarks or questions in the following space.

[TEXT TAB]

Thank you!

Thank you for taking our survey. Your response is very important to us.

F_1. Please, let us know what you thought of this survey, its structure and questions. Please provide any comments and suggestions

[TEXT TAB]

F_2. If you have encountered any specific problems related to data entry in the online version, please let us know so that we can improve this process for the next year

[TEXT TAB]

Annex 3 Glossary

Section I. General information about development partner agency	
Development partner (DP)	A development partner (or donor) is an official agency — including state and local governments — that provides official development assistance (OECD-DAC Statistical Directives para. 35). Under this definition, nongovernmental organizations (NGOs) and private companies do NOT qualify as donors. In order to avoid double counting in cases where one donor or a multilateral agency disburses ODA funds on behalf of another donor, it is only the one that makes the final disbursement to the country that should report on these funds.
Official development assistance (ODA)	ODA includes all transactions as defined in OECD-DAC Statistical Directives para. 35, including official transactions that: <ol style="list-style-type: none"> 1. are administered with the promotion of economic development and welfare of developing countries as its main objective; and 2. are concessional in character; and convey a grant element of at least 25%.
ODA transactions NOT to be recorded in this survey	The following transactions are excluded from the scope of this survey and should not be recorded: <ul style="list-style-type: none"> • transactions made to regional organizations; • transactions under US\$ 20 000 (i.e. full projects or programmes that account for less than US\$ 20 000); • debt reorganization/restructuring; • emergency and relief assistance; and • philanthropic assistance or private sponsorship.
Disbursement: ODA transactions to be recorded in this survey	A disbursement is the placement of resources at the disposal of a recipient country or agency (OECD-DAC Statistical Directives para. 15–18). Resources provided in kind should only be included when the value of the resources has been monetized in an agreement or in a document communicated to government. Where ODA is provided to the partner country as part of a donor’s regional (multicountry) programme and it is possible to identify and disentangle those activities and disbursements that are specific to that partner country, these disbursements should also be recorded. Where ODA is provided to the partner country as part of a donor’s country (multisectoral) programme and it is possible to identify and disentangle those activities and disbursements that are specific to the health-sector country, these disbursements should also be recorded. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is only the donor that

	<p>makes the final disbursement to the government that should report on these funds.</p>
Exchange rates	<p>ODA should be reported in US dollars. A table of exchange rates is provided on the website of the National Bank of the Kyrgyz Republic: http://www.nbkr.kg/index1.jsp?item=1562&lang=ENG</p>
Sector budget support (SBS)	<p>Direct budget support is defined as a method of financing a partner country's budget through a transfer of resources from a donor to the partner government's national treasury. The funds thus transferred are managed in accordance with the recipient's budgetary procedures. Funds transferred to the national treasury for financing programmes or projects managed according to different budgetary procedures from those of the partner country, with the intention or earmarking the resources for specific uses, are therefore excluded from this definition of budget support. This definition also includes SBS provided and general budget support (see definitions below).</p>
SWAp principles in Kyrgyzstan and joint statement	<p>The joint statement for the partnership between the Government of Kyrgyzstan (represented by the Ministry of Health) and development partners for the Den Sooluk National Health Reform Programme for 2012–2016 was signed in 2012. The document reaffirms the commitment towards a sector-wide approach (SWAp) first introduced in Kyrgyzstan in 2006. The joint statement does not imply any particular financing modalities therefore financial support to the Den Sooluk programme might have taken different forms, including budget support, pooled financing or parallel financing.</p>
SWAP-2 pooled funds	<p>Selected agencies (World Bank, Swiss Agency for Development and Cooperation and the KfW Development Bank) are pooling resources under the SWAp-2 project to support the Den Sooluk programme.</p>
Pooled funding	<p>In this aid modality the donor contributes funds to an autonomous account, managed jointly with other donors and/or the recipient. The account will have specific purposes; modes of disbursement and accountability mechanisms; and a limited time frame. Pooled funds are characterized by common project documents, common funding contracts and common reporting/audit procedures with all participating donors.</p>
<p>Section II. Programme/project details (applicable for both programme/project aid and SBS)</p>	
Implementing agency	<p>Agency responsible for day-to-day actions related to a single project. Can be government bodies, other UN agencies, NGOs, universities, etc.</p>

Section III. Programme/project description (applicable for both programme/project aid and SBS)

Tied	Offering aid on condition that it is used to procure goods or services from the provider of the aid.
Untied	Offering aid and granting recipient freedom to procure goods and services from virtually any country.
Technical assistance	<p>Provision of know-how in the form of personnel, training, research and associated costs (OECD DAC Statistical Reporting Directives 40–44). Comprises donor-financed:</p> <ul style="list-style-type: none"> • activities that augment the level of knowledge, skills, technical know-how or productive aptitudes of people in developing countries; and • services such as consultancies, technical support or the provision of know-how that contribute to the execution of a capital project. <p>Technical assistance can be provided to both governmental and nongovernmental entities, and includes both freestanding technical cooperation and technical cooperation that is embedded in investment programmes (or included in programme-based approaches). In order to report against this question, donors are invited to review their portfolio of projects and programmes and estimate the share of technical cooperation.</p>
Investments	<p>Medical equipment and technology encompasses a wide range of health-care products and is used to diagnose, monitor or treat diseases or medical conditions affecting humans. Such technologies (applications of medical science) are intended to improve the quality of health care delivered through earlier diagnosis, less-invasive treatment options and reductions in hospital stays and rehabilitation times.</p> <p>Information technology (IT) is concerned with technology to treat information. The acquisition, processing, storage and dissemination of vocal, pictorial, textual and numerical information by a microelectronics-based combination of computing and telecommunications are its main fields.</p>

Section IV. Programme/project description (applicable for both programme/project aid and SBS) by priority areas of health sector

Health system functions	<p>Health service delivery includes the promotion, prevention, treatment or rehabilitation that may be delivered in the home, the community, the workplace or in health facilities.</p> <p>Resource generation includes support to universities and other</p>
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	<p>educational institutions, research centres, construction firms and the vast array of organizations producing specific technologies such as pharmaceutical products, devices and equipment.</p> <p>Health system financing is the process by which revenues are collected from primary and secondary sources, accumulated in pool funds and allocated to activity providers. Health system financing can be divided into three subfunctions: revenue collection, fund pooling and purchasing.</p> <p>Leadership and governance (stewardship) includes planning, implementing and monitoring the rules for the health system and defining strategic directions for the health system as a whole. Leadership/stewardship can be split into six subfunctions: health system design; priority setting; regulation; intersectoral advocacy; performance assessment; and user/consumer protection. For the purposes of this survey it includes governance by both the public sector and civil society.</p>
<p>Areas of health service delivery</p>	<p>Primary care is a key process in the health system and more than just the level of care or gatekeeping. It is first-contact, accessible, continued, comprehensive and coordinated care. First-contact care is accessible at the time of need. In this survey it is used synonymously with general practice and family medicine.</p> <p>Hospitals provide specialist care on an inpatient basis, usually following a referral from primary care. In this survey it is used synonymously with secondary care.</p> <p>Public health refers to all organized measures (whether public or private) to prevent disease, promote health and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.</p> <p>Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. In this survey it is used synonymously with emergency care.</p>
<p>Section V. Aid flows aligned with national priorities</p>	
	<p>The strategies listed have been summarized by the Ministry of Health.</p>
<p>Section VI.</p>	
<p>Mid-term budgetary framework (MTBF)</p>	<p>Helps central/federal government organizations to adopt medium-term budgetary perspectives rather than solely annual ones. Typically spans a period of three to five years, including the budgeted fiscal year, and combines prescriptive yearly ceilings with descriptive forward estimates.</p> <p>MTBF is a structured and integrated (institutionalized) process of</p>

	<p>policy-making, planning and budgeting. It involves sector stakeholders in an iterative decision-making process that: (a) ensures that general goals and targets (set in general policies and plans) are reached through appropriate medium-term programmes; and (b) reconciles the resource levels (particularly financial resources) required to reach medium-term targets with the resources likely to be available (set by negotiated ceilings), usually on a three-year basis.</p>
<p>Management and administration</p>	<p>Standard programme that covers mainly the functions of central management and administration and support services of the Ministry of Health. Functions of this programme are not sector priorities but the quality of services provided depends on the functionality of these services. Functions of implementation of the state policy and normative legal regulation in the sector are aimed at sustainable development of health fields.</p>
<p>Individual services</p>	<p>Basis of this budget programme is financing the tertiary level of health services as well as the provision of services such as rehabilitation assistance and restorative treatment, creation of an effective health-care delivery system, providing quality services through the use of standardized medical procedures (clinical protocols and guidelines) on the basis of evidence-based medicine.</p>
<p>High cost/high-tech health care</p>	<p>Basis of this budget programme is financing and distribution of the High-tech Fund (HTF) and measures to improve the procurement of high-tech medical services.</p>
<p>Public health</p>	<p>Integration of disease prevention and health promotion programmes, broad intersectoral cooperation and active involvement of society in the protection and promotion of health.</p>
<p>Medical education</p>	<p>Improvement of medical education system aimed at health needs.</p>
<p>State guarantees</p>	<p>Beneficial drug provision under Additional programme of Mandatory Health Insurance is aimed at the insured category of population.</p>
<p>Additional medical health insurance programme</p>	<p>Programme of the State Guarantees for providing citizens with health care sets out the guaranteed amount, types and conditions of health-care provision for citizens which ensure the enjoyment of citizens' rights to receive health care in health organizations participating in the Programme of State Guarantees regardless of the form of ownership in accordance with the legislation of the Kyrgyz Republic.</p>
<p>Country public financial management</p>	

system	
Use of national budget execution procedures	<p>Donors use national budget execution procedures when the funds they provide are managed according to the national budgeting procedures established in the general legislation and implemented by government. This means that programmes supported by donors are subject to normal country budgetary execution procedures, namely procedures for authorization, approval and payment.</p> <p>Donors are invited to review all their development activities with a view to determining if, and how much, ODA for the government sector meets three out of the four criteria below (anything less does not qualify).</p> <ul style="list-style-type: none"> • Your funds are included in the annual budget approved by country legislature. • Your funds are subject to established country budget execution procedures • Your funds are processed (e.g. deposited and disbursed) through the established country treasury system • You were required to open separate bank accounts for your funds
Use of national financial reporting procedures	<p>Legislative frameworks normally provide for specific types of financial reports to be produced as well as periodicity of such reporting. The use of national financial reporting means that donors do not impose additional requirements on governments for financial reporting. In particular donors do NOT require: (i) maintenance of a separate accounting system to satisfy donor reporting requirements; and (ii) creation of a separate chart of accounts to record the use of donor funds.</p> <p>Donors are invited to review all their development activities with a view to determining if, and how much, ODA for the government sector meets both of the following criteria (anything less does not qualify).</p> <ul style="list-style-type: none"> • You do NOT require maintenance of a separate accounting system to satisfy your own reporting requirements You ONLY require financial reports prepared using country's established financial reporting arrangements
Use of national auditing procedures	<p>Donors rely on the audit opinions, issued by the country's supreme audit institution, on the government's normal financial reports/statements as defined above. The use of national auditing procedures means that donors make no additional auditing requirements on governments.</p> <p>Donors are invited to review all their development activities with a view to determining if and how much ODA for the government sector meet both criteria below:</p> <ul style="list-style-type: none"> • Your funds are subject to audit carried out under the

	<p>responsibility of the Supreme Audit Institution (SAI)</p> <ul style="list-style-type: none"> • Under normal circumstances you do NOT request additional audit arrangements <p>AND at least one of the two criteria below:</p> <ul style="list-style-type: none"> • You do NOT require audit standards different to those adopted by the SAI • You do NOT require the SAI to change its audit cycle to audit your funds
All three national procedures	Disbursements of ODA for the government sector that use all three components of a country's national public financial management procedures, that is: (i) national budget execution procedures; (ii) national financial reporting procedures; and (iii) national auditing procedures.
Procurement systems	
Use of national procurement systems	Donors use national procurement systems when the funds they provide for the implementation of projects and programmes are managed according to the national procurement procedures as they were established in the general legislation and implemented by government. The use of national procurement procedures means that donors do not make additional, or special, requirements on governments for the procurement of works, goods and services.
Section VII. Geographical coverage	
National coverage	Activities funded by the development partner cover the whole country, that is: all districts, facilities or institutions that have a national scope.
Targeted subnational coverage	Activities funded by the development partner cover some specific districts that have been selected on the basis of a needs assessment or other criteria.
Pilot sites	Activities funded by the development partner are experimental and therefore are piloted in some districts (i.e. smaller level) before scaling up to all districts/national level.
Section VIII. Aid is more predictable (SBS and/or programme/project aid)	
Multi-year plan	In this survey, used synonymously with multi-year strategy or concept of operation, which analyses the current situation in a country and identifies strategic cross-sectoral objective(s) for the donor and how best to implement them.

Section IX. Use of common arrangements or procedures among development partners

Joint missions	
Donor missions to the field	<p>Donor missions to the field are defined as missions that meet all of the following criteria.</p> <ul style="list-style-type: none"> • Mission is undertaken by, or on behalf of, a donor, including programme developers, appraisers and evaluators, and sector assessment teams commissioned by a donor. • Mission typically, but not exclusively, involves international travel from donor headquarters. • Mission requests meeting with government officials, including local governments. <p>This definition should exclude missions:</p> <ul style="list-style-type: none"> • undertaken by donors to attend events (e.g. workshops, conferences) that do not involve a request to meet with government officials; • undertaken by parliamentary or other political delegations; • that are special events undertaken as part of a defined programme (e.g. election observation); • undertaken by external consultants executing work as part of scheduled programme implementation plans; • undertaken by disaster assessment teams.
Joint missions	Joint missions are: (i) missions undertaken by two or more donors jointly; or (ii) missions undertaken by one donor on behalf of another donor (delegated cooperation).
Joint health sector analytical work	
Analytical work	<p>Analytical work encompasses the analysis and advice necessary to strengthen policy dialogue, develop and implement country strategies in support of sound development assistance. It should include major pieces of analytical work such as:</p> <ul style="list-style-type: none"> • diagnostic reviews (e.g. country procurement assessment reports, country financial accountability assessments); • country/sector studies and strategies; • country/sector evaluations; • cross-cutting analytical work such as gender assessments.
Joint analytical work	Joint analytical work is: (i) undertaken by two or more donors jointly; (ii) undertaken by one donor on behalf of another donor (including work undertaken by one and/or used by another when it is co-financed and formally acknowledged in official

	documentation); (iii) undertaken with substantive government involvement.
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Annex 4 Completed questionnaires

GF | Global Fund

Agency General Information

Country director: Mr. Alexander Avanesov

Total budget disbursed in 2015: \$ 5.605.936, 00

Key achievements

In 2015, UNDP was implementing three health related programs, all funded by Global Fund to Fight AIDS, Tuberculosis and Malaria:

(I) Promoting accessibility and quality of prevention, treatment, detection and care services for HIV among the most vulnerable populations in the Kyrgyz Republic

Goal: To increase the effectiveness of national measures in the area of HIV/AIDS by expanding the services available to key population groups and comprehensively developing the capacity of national institutions and vulnerable communities.

Objectives:

1. To strengthen systems of vulnerable communities to increase access of vulnerable groups to HIV prevention and treatment services;
2. To increase efficiency of HIV prevention among vulnerable population groups and in health care facilities;
3. To assure improvement of universal access to prophylaxis, diagnostics, care and support for people living with HIV.

Main partners: Ministry of Health, Republican Narcology Centre, Republican AIDS Centre, State Service for Punishment Execution, NGOs (30 sub-recipients);

Key results in 2015:

1. Capacity of national partners within the GF grant to effectively respond to HIV epidemic in KR strengthened;
2. Kyrgyzstan was one of the first countries to establish OST programmes in Central Asia;
3. Continuous supply of antiretroviral drugs (ARV) and methadone by UNDP have made possible to over achieve targets related ART therapy (2,211 people, including 395 children were receiving ART) and OST (31 OST sites with 1513 clients, as of Dec 31 2015);
4. Continuous increase in coverage of the most at risk population groups (PWID, SW, MSM, prisoners, PLHIV, young people) with HIV prevention programs (>11850 PWID, 3500 SWs, 1700 MSM, 1400 prisoners); Significant increase in number of people tested for HIV, especially among MARPs, after introducing rapid tests;
5. Enhanced compliance with WHO recommendations of national treatment protocols together with improved cooperation between government health providers and NGOs (a streamlined motivation strategy incentives scheme), effective work of Multi Disciplinary Teams (MDTs);
6. Substantially improved HIV laboratory diagnostics – technically/technologically modernized HIV diagnostic labs (laboratory, warehouse facilities built, equipment, reagents, consumables provided etc.); Significant number of health professionals as well as NGO staff trained in different aspects of the HIV response.

(II) Consolidation and Expansion of the 'Directly Observed Treatment, Short Term (DOTS)' Programme in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis

Objectives:

1. DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases;
2. Access to diagnosis and treatment of drug resistant tuberculosis expanded.

Main partners: National and oblast TB centers, State penitentiary service, Ministry of Health

Key results in 2015:

1. Universal coverage with the DR TB treatment has been achieved: the enrolment on the second line drugs regimen, procured by the TB grant, increased from 125 patients in 2010 to 1298 in 2015;

2. Increment of the treatment success rate among the MDR patients from 42% to 62.7%;

3. Implemented the innovative performance based model of provision of the motivation support to the DR-TB patients and medical staff;

4. Infection control in the TB wards improved and laboratory capacity of NTP strengthened. Cessation of local transmission and transition to elimination of malaria in the Kyrgyz Republic

Main partners: Karasuu District Centre for Diseases Prevention, State Sanitary Epidemiological Department within MoH

Key results:

- Institutional capacity of the NMP strengthened, capacity for early diagnosis and adequate treatment significantly improved;
- Capacity for timely response to and prevention of malaria outbreaks and epidemics through reinforcing of the country surveillance mechanisms significantly improved, community awareness raised;
- Malaria has been eliminated – WHO certification of the country is in process.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

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Plans to continue support in 2015–2020: Uncertain

Project/programme details

Project/programme name: Promoting accessibility and quality of prevention, treatment, detection and care services for HIV among the most vulnerable populations in the Kyrgyz Republic

Project/programme goal: To increase the effectiveness of national measures in the area of HIV/AIDS by expanding the services available to key population groups and comprehensively developing the capacity of national institutions and vulnerable communities.

Objectives:

1. To strengthen systems of vulnerable communities to increase access of vulnerable groups to HIV prevention and treatment services;
2. To increase efficiency of HIV prevention among vulnerable population groups and in health care facilities;
3. To assure improvement of universal access to prophylaxis, diagnostics, care and support for people living with HIV.

Project/programme manager: Paula Ghrist

Implementing agency: Ministry of Health, Republic Narcological Centre, Republic AIDS Centre, Bishkek AIDS Centre, Osh AIDS Centre, Jalalabad AIDS Centre, Republic Dermatovenerological Centre, State Service for Execution of Sentences, NGOs

Financing: Grant

Duration: Starting date: 01/07/2011 End date: 30/06/2016

Total project/programme budget: \$6 196 002

Total disbursed in 2015: \$5 605 936

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	22%	23%	In accordance to the official data submitted by the Republic AIDS Center, as of 1 January 2016, 2105 PLHIV were receiving ARV. The number includes 1717 adults (female -788, male - 929) and 388 children (female -146, male - 242).Denominator: Estimated number of all adults and children living with HIV. The latest available data on denominator is 9300 according to the UNAIDS country fact sheets (average numbers, pls refer to the link for more information: http://aidsinfo.unaids.org/#).
2	Number of PLHIV reached with community care and support programmes	1050	1473	After excluding duplicating codes 1,473 PLHIV in total received various services as a minimum twice during the reported period (once during each quarter). 1,243 PLHIV (including 598 women) out of them were reached by one PLHIV network, one PWID Network and six NGOs and MDT under four AIDS Centers, 230 (including 10 women) PLHIV received services at prisons. During the 3rd quarter of 2015 1111 PLHIV as NGOs' clients and prisoners received the motivation support (in civil sector - 77 clients got food packages (183), 825 clients got the monetary payment; in SSES- 209 clients got 209 packages. During the 4th quarter of 2015 1087 PLHIV as NGOs' clients and prisoners received the motivation support (in civil sector - 75 clients got food packages (195), 769 clients got the monetary payment; in SSES- 243 clients got 243 packages.

3	Percentage of PWID reached with HIV prevention programs - defined package of services	43%	47%	The activities under this indicator covered 12,175 clients with duplicates of the governmental NEPs 4,192 clients, 6,509 NGO clients and 1,474 SSES clients. After excluding duplicating codes, the total number of prevention programme's clients is 11,847 including 1,334 women. The number represents PWIDs who have received a minimal package, at least once during six months including SSES clients.
4	Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	65%	48%	
5	Number and percentage of pregnant woman who know their HIV status results	90%	94%	According to the official data submitted by Republican AIDS Center, in 2015- out of 30 536 tested pregnant women, 28 670 were counseled and know their results.

Type of funding	Financial allocation (%)
Technical assistance	56
Investment	31
Administrative costs	13

Technical assistance	Financial allocation (%)
Policy development	12
Capacity building	6
Guideline and protocol development	1
Legal and regulatory framework development	
Other (specify) Living Support to Clients/Target Population; financial grants to NGOs and Government sub-recipients	81

Investment	Financial allocation (%)
Construction and refurbishment	4
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	77

Other (specify) Procurement and Supply Management Costs related to procurement of medical supplies	19
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Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

GIZ | German Development Cooperation

(German Society for Technical Cooperation)

Agency General Information

Country director: Holger Neuweger, GIZ Country Director

Total budget disbursed in 2015: \$ 645.254,00

Key achievements
<p>The regional Programme on Health in Central Asia was implemented by GIZ for the period 2012-2015 in Kyrgyzstan, Tajikistan, and Uzbekistan. The programme's objective was to improve access to gender-sensitive, human-rights-based and integrated services in the areas of sexual and reproductive health and rights (SRHR). The programme made use of two methodical concepts. Firstly, it took a holistic capacity development approach, i.e. it encompasses elements of human resources development (training), organisational development (advising medical institutions and professional associations, for example), network development (e.g. strengthening regional network on emergency obstetrics care) and system and institutional development (delivering advice on national strategies and policies in SRHR). On the other hand, it pursued an integrated approach by dovetailing the three components (C1 Improvements in the quality of SRHR services, C2 Health promotion among young people, C3 Improvements in the conditions for accessing SRHR services through basic social protection). Examples of this include the provision of integrated SRHR services by medical and non-medical providers and the development of standards in the area of emergency obstetric care (EmOC) by an interdisciplinary workgroup.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
- developing key structures (e.g. strengthening accreditation organisation, supporting the midwives' association and other professional associations, institutionalizing training courses and developing data systems); and processes (e.g. developing internationally recognized quality standards and clinical guidelines);
- improving the quality of Maternal and Newborn health by a) developing and integrating clinical guidelines and educational curriculum within national plans and strategies and b) organizing and conducting practical training for medical staff on management of obstetric and neonatal complications, birth preparedness and family planning;
- establishing collaboration between governmental and civil society organizations on SRHR promotion among youth and social vulnerable groups of population at community level.

Plans to continue support in 2016–2020: 1 900 000 EUR (2016 -2018)

Project/programme details

Project/programme name: System development in sexual and reproductive health and rights (SRHR) – Central Asia (Kyrgyzstan, Tajikistan, Uzbekistan)

Project/programme goal: The programme's objective was to improve access to gender-sensitive, human-rights-based and integrated services in the areas of sexual and reproductive health and rights (SRHR) in Kyrgyzstan, Tajikistan and Uzbekistan

Project/programme manager: Cholpon Asambaeva

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 07/05/2012 End date: 31/07/2016

Total project/programme budget: € 4 618 267

Total disbursed in 2015: € 400 000

Geographical coverage: National coverage: 10%, Targeted sub-national coverage 70%, Pilot sites 20%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	In Kyrgyzstan: increase in the percentage of medical facilities which meet the specific ISQua-approved accreditation standards developed for gynaecological services including professionally assisted births.	Target value for region: the value of >30% should be achieved in at least 2 countries.	The indicator was achieved by the end of the programme. Of the 74 institutions in KG, 28 (36%) were accredited as of August 2015;	
2	Increase in the percentage of young people supported by the programme who can correctly answer key questions on SRHR, HIV and addiction prevention, and gender.	KG: target value: 60%	In KG, the indicator had been achieved at the time of the evaluation (value at end of 2014: 69%).	However, the group of respondents (n baseline = 50 school pupils) is very small, which reduces the validity of the indicator.
3	The number of poor women of childbearing age and their partners who have benefited from information provided by state social programmes and reproductive health services has increased in the target regions.	Target value: initial value + 15%	The indicator has been exceeded for KG (target value: 15% increase on the initial value in the pilot district). 70% (initial value: 8%) of poor men and 57% (15%) of poor women surveyed were able to correctly answer questions on SRHR, 41% (23%) of men and 57% (12%) of women are well informed about available social security services; in addition, 41% of surveyed men and 50% of surveyed women have a better knowledge of HIV	

			and STI prevention.	
4	. In at least one programme country, the percentage of women between the ages of 15 and 49 who consistently use modern family planning methods (contraceptive prevalence rate) has increased.	Target value in KG: 55%	The quantitative dimension of indicator was not achieved. This cannot realistically be expected within the project term of three years. Changes in the contraceptive prevalence rate can only be reliably evaluated over a longer period. Within the three countries, the project works in only a few geographically limited areas. The Kyrgyzstan ministry of health's data for both programme regions (oblasttar) comparing 2012 and 2013 shows an increase from 22.0% to 28.4% for Chuy Oblast and a decrease from 29.4% to 27.8% for Issyk Kul.	This data does not enable any conclusion to be drawn about the indicator. No recent DHS is available for Kyrgyzstan; it is therefore impossible to identify trends. The next DHS for Kyrgyzstan is scheduled for 2016/2017.

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	65
Guideline and protocol development	25
Legal and regulatory framework development	5
Other	5

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	

Other (specify)	
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Health systems functions	Financial allocation (%)
Health services delivery	95
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	5
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	5
Hospitals	85
Public health services	10
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health	5	85	10	
Adolescent health				
Other (specify)				

Project/programme name: Study and Expert Fond (SFF) activities to support preparatory measures in promoting perinatal health at tertiary level in KG

Project/programme goal: Strengthen the coordination mechanism and elaborate a strategic concept and action plan for future Perinatal Center in Bishkek, as a tertiary level. The implementation of analysis, studies and measures to improve the conditions for the perinatal care services in the current MCH Center are envisaged.

Project/programme manager: Cholpon Asambaeva

Implementing agency: National Maternal and Child Centre

Financing: Grant

Duration: Starting date: 20/10/2015 End date: 31/12/2016

Total project/programme budget: € 350 000

Total disbursed in 2015: € 190 000

Geographical coverage: Targeted sub-national coverage : 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	30
Capacity building	60
Guideline and protocol development	
Legal and regulatory framework development	
Other	10

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	90
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	100
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health		100		
Adolescent health				
Other (specify)				

Japanemb | Embassy of Japan in Kyrgyz Republic

Agency General Information

Country director: Mr. Yoshihiro Yamamura, Ambassador

Total budget disbursed in 2015: \$ 604.749,00

Key achievements

To fulfill basic human needs

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2015–2020: \$702 006

Project/programme details

Project/programme name: Grassroot and human security grant programme

Project/programme goal: Fulfill basic human needs and help vulnerable people

Project/programme manager: Akio Yagihashi

Implementing agency:

Financing: Grant

Duration: Starting date: End date:

Total project/programme budget:

Total disbursed in 2015: \$604 749

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	
Investment	100
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	100
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	100
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				

Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health		100		
Adolescent health				
Other (specify)				

KfW | German Development Bank

Agency General Information

Country director: Mr. Thomas Edgar Lehmann

Total budget disbursed in 2015: \$ 5.370.690,09

Key achievements

German Development Cooperation in the health sector is generally aimed at improving health of the population through strengthening health (care delivery) systems and improving accessibility to health services.

In 2015, there were conducted the intergovernmental negotiations between KR and Federal Republic of Germany; among the results of negotiations were additional allocations assigned to the health sector in the Kyrgyz Republic, specifically, to the SWAp basket (in the amount of 10.95 mln Euros). The other result of negotiations was that 2 mln Euros will be allocated for Technical Cooperation, which includes technical assistance/capacity development for perinatal care to complement the Financial Cooperation (construction, equipment, etc.).

Objectives and targets of national policies, strategies or programmes your agency contributes to:

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Plans to continue support in 2016–2020: €7 298 172,72 (2016)

Project/programme details

Project/programme name: HIV/AIDS Prevention Programme - II

Project/programme goal: The purpose of Project is to improve the quality and safety of the blood products as well as to increase efficiency of the blood donation and transfusion system in Kyrgyz Republic.

The project concerns the rehabilitation of blood donation facilities, procurement of the medical and non-medical equipment, mobile donation units and consumables, as well as, the technical assistance to the Ministry of Health in further development and implementation of the planned rationalization

approaches of the blood donation system and the quality control management of the procedures of the blood transfusion system.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (EPOS Health Management GmbH)

Financing: Grant

Duration: Starting date: 01/04/2011 End date: 31/12/2016

Total project/programme budget: €5 600 000

Total disbursed in 2015: €1 017 968,30

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Selected blood banks rehabilitated	7 blood banks rehabilitated	7 blood banks rehabilitated	
2	Equipment of blood banks are modernized and functional	Equipment procured, installed and in use	Equipment procured; the majority of equipment items installed and operational.	
3	Quality assurance system is established			
4	Rationalization measures were realized			

Type of funding	Financial allocation (%)
Technical assistance	10
Investment	90
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	45
Guideline and protocol development	
Legal and regulatory framework development	
Other (specify) Consulting Services and contingencies	55

Investment	Financial allocation (%)
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Construction and refurbishment	14
Medical equipment and technology	53
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	22
Other (specify)	11

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Tuberculosis Control Programme - V

Project/programme goal: The goal of this project is to interrupt the chain of TB infection, thus, to reduce tuberculosis incidence and prevalence including multi-drug resistant forms of TB in the Kyrgyz Republic.

The project foresees the construction of a new Tuberculosis Hospital for the City of Bishkek and represents the fifth phase of the TB Control and Prevention Programme funded by the Government of Federal Republic of Germany.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (GITEC Consult GmbH/Avanco)

Financing: Grant

Duration: Starting date: 29/09/2015 End date: 30/09/2019

Total project/programme budget: €6 500 000

Total disbursed in 2015: €104 839,50

Geographical coverage: Pilot sites: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	
Investment	100
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	69,23
Medical equipment and technology	12,30
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify) Consultanting company's serives and contingencies	18,47

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)

Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Tuberculosis Control Programme - III & IV

Project/programme goal: The goal of the project is to improve diagnostics and treatment of various forms of TB; therefore, to contribute to the achievement of MDG No. 6 "Combat HIV/AIDS, malaria and other diseases". The project is being implemented to support the realization of National Programme on TB control and prevention.

Within the project the following activities planned to be undertaken: (i) procurement anti-TB drugs; (ii) construction and equipment for the National Reference Laboratory (BSL-3); (iii) cooperation with international supra-national reference laboratory ("Twinning arrangement"); establishment of quality assurance system; (iv) conducting of research on TB resistance.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (GITEC Consult GmbH/Avanco)

Financing: Grant

Duration: Starting date: 09/01/2009 End date: 31/12/2016

Total project/programme budget: €5 800 000

Total disbursed in 2015: €13 358,75

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	The first line TB drugs available to satisfy the demand	First line TB drugs available	First line TB drugs procured and available for target	

			group of population	
2	The National Reference Laboratory is in place and operational	The National Reference Laboratory built and operational	The National Reference Laboratory build and in use	
3	Medical and non-medical equipment procured and utilized by beneficiaries	Equipment both medical and non-medical procured, installed and operational	The equipment procured, installed and operational	
4	Research on multi-resistant forms of TB conducted			
5	The Quality assurance system established	The QA system established	The QA system established and in full use	

Type of funding	Financial allocation (%)
Technical assistance	6,5
Investment	93,5
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	33
Guideline and protocol development	67
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	28
Medical equipment and technology	43
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	4
Other (specify) Consultanting company's serives and contingencies	25

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation
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	(%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Strengthening of Emergency Medical Services in Kyrgyz Republic - I

Project/programme goal: The goal of the project is improve the quality of and access to emergency medical services as well as to contribute to primary emergency care for citizens of the Kyrgyz Republic.

Within the project the following activities planned to be implemented: (i) equipping all the emergency health institutions of all levels in Bishkek and Osh region; (ii) capacity development/technical assistance (rationalization and ambulance concepts; training session for medical personnel; conducting regional conference on emergency medical care, consulting services, etc.).

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (EPOS Health Management GmbH/Avanco)

Financing: Grant

Duration: Starting date: 31/01/2007 End date: 31/12/2017

Total project/programme budget: €7 500 000

Total disbursed in 2015: €61 890

Geographical coverage: Targeted sub-national coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	The system of emergency medical			

	care optimized			
2	Health institutions at all levels provided with modern emergency medical equipment	The Emergency Medical equipment (fully equipped Ambulances; dispatchers' point) procured; installed and in use	The Emergency Medical equipment procured, installed and fully operational	
3	Medical personnel is enabled to provide timely first medical aid at appropriate quality level			
4	Medical personnel at all levels trained			
5	The risk behaviour of population decreased			

Type of funding	Financial allocation (%)
Technical assistance	16
Investment	84
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	60
Guideline and protocol development	
Legal and regulatory framework development	
Other (specify) Consulting company's services and contingencies	40

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	90,56
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify) Consulting company's services and contingencies	9,44

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	100

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				100

Project/programme name: Strengthening of Emergency Medical Services in Kyrgyz Republic - II

Project/programme goal: The goal of the project is to improve the quality of emergency medical services provided to the population including in rural area; therefore, to improve the health status of people of the Kyrgyz Republic.

The project activities include the construction of the new block of medical emergency care in Jalalabad regional hospital, procurement of medical and non-medical equipment, capacity development activities including training sessions for medical personnel/study tours/participation in the regional conference as well as development of Rationalization and Ambulance Concepts.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (GITEC Consult GmbH/Avanco)

Financing: Grant

Duration: Starting date: 04/07/2014 End date: 01/07/2018

Total project/programme budget: €3 150 000

Total disbursed in 2015: €

Geographical coverage: Targeted sub-national coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				

3				
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Type of funding	Financial allocation (%)
Technical assistance	23
Investment	77
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	14,28
Capacity building	71,44
Guideline and protocol development	
Legal and regulatory framework development	
Other	14,28

Investment	Financial allocation (%)
Construction and refurbishment	41,30
Medical equipment and technology	41,30
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	17,4

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	100

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				

Mother & child health and reproductive health				
Adolescent health				
Other (specify)				100

Project/programme name: Priority Programme Health Component/Mother-child care, phase IV, V

Project/programme goal: The goal of this project is to improve the quality of medical services provided to pregnant women and newborns in the Kyrgyz Republic as well as to render the opportunities for professional training of medical personnel coming from all the country regions. The project will contribute to the achievement of one of the Sustainable Development Goals - “Ensure healthy lives and promote well-being for all at all ages” – in particular, decreasing of maternal, infant and Under 5 mortality in the country. Within the project the following activities planned to be undertaken: to construct the new building which will consist of units for intensive perinatal care; procurement and installment of modern reliable medical and non-medical equipment; training of medical personnel on efficient equipment usage; support to operational management in the National Perinatal Center; development and introduction of infrastructure management system as well as referral and transportation system for newborns to further level of appropriate treatment.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (RRP International Hospital Planners Ltd./Avanco)

Financing: Grant

Duration: Starting date: 01/11/2013 End date: 31/12/2019

Total project/programme budget: € 11 450 000

Total disbursed in 2015: €154 884

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	12
Investment	88
Administrative costs	

Technical assistance	Financial allocation (%)

Policy development	
Capacity building	62
Guideline and protocol development	
Legal and regulatory framework development	
Other	38

Investment	Financial allocation (%)
Construction and refurbishment	49
Medical equipment and technology	38
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	13

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	100
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health		100		
Adolescent health				
Other (specify)				

Project/programme name: Health Sector Programme – SWAp II

Project/programme goal: The project concerns the implementation of the multi-donor supported sector-wide approach under the National Health Reform Programme "Den Sooluk 2012-2016". In

essence, it is a contribution to a basket funding of several financiers in the health sector, who jointly with and under the lead of MOH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures. "Den Sooluk 2012-2016 follows the "Manas Taalimi 2006-2011" programme and has as main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. It focuses on four selected priority health improvement areas, such as Cardio-vascular diseases, Mother and Child Health, Tuberculosis and HIV/AIDS. Expected health gains, however, shall be achieved through the elimination of system barriers in the major health system functions: Public Health, Individual Health Services, Health Financing, Resource Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protections, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

Project/programme manager: Dr. Joachim Schüürmann

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 23/12/2013 End date: 30/12/2018

Total project/programme budget: € 16 000 000

Total disbursed in 2015: \$ 3.749.059,09

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Government health expenditure as a share of total government expenditures	13	13	actual value is for the year 2015
2	Maternal mortality ratio decreased to 46.6 per 100,000 live births	46.8	38.5	actual value is for the year 2015
3	Infant mortality rate decreased to 19 per 1,000 live births	19.2	18	actual value is for the year 2015
4	TB Mortality decreased to 4 per 100,000 population	5.9	6.1	actual value is for the year 2015
5	Prevalence of HIV-infection among children born from HIV-positive mothers	3%	2.4%	actual value is for the year 2015

Type of funding	Financial allocation (%)
Technical assistance	11
Investment	89
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	97,43
Guideline and protocol development	
Legal and regulatory framework development	
Other: Communication and representation	2,57

Investment	Financial allocation (%)
Construction and refurbishment	3,66
Medical equipment and technology	79,27
IT technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify) expenses related to other services	17,06

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Project on feasibility study and design for implementation of public-private partnership model for the health sector in the Kyrgyz Republic

Project/programme goal: The project (Study and Expert Fund V) provides funding for various activities including research, studies, assessments as well as consulting services provided by individual consultants, tender agents and consulting companies. The study and expert fund is utilized when preparing pre-feasibility and feasibility studies for the anticipated/planned projects to be financed by BMZ through KfW Development Bank.

Project/programme manager: Dr. Joachim Schüürmann

Implementing agency: Consultant (RebelGroup International BV)

Financing: Grant

Duration: Starting date: 23/11/2015 End date: 31/12/2017

Total project/programme budget: €1 636 134,02

Total disbursed in 2015: €110 190

Geographical coverage: Pilot sites: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other (specify) The amount is utilized for consultancies for pre-feasibility and feasibility studies, research, services of tender agents, etc.	100

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	

Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	100

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: HIV/AIDS Prevention Programme - I

Project/programme goal: The project goal is to improve diagnostics of HIV in the Kyrgyz Republic through provision and use of medical equipment for HIV laboratories, capacity building on quality assurance, optimization of HIV testing strategy. The project activities include renovation of lab premises, procurement of medical laboratory equipment, furniture, consumables and supplies for all HIV labs in the country; increasing the level of safety for HIV testing; consulting services.

Project/programme manager: Mr. Tom Woyack

Implementing agency: Ministry of Health along with Consultant (GITEC Consult GmbH/Avanco)

Financing: Grant

Duration: Starting date: 01/03/2007 End date: 11/05/2015

Total project/programme budget: € 3 767 751,28

Total disbursed in 2015: € 19 641,87

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	22
Investment	78
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	62,5
Guideline and protocol development	
Legal and regulatory framework development	
Other	37,5

Investment	Financial allocation (%)
Construction and refurbishment	11
Medical equipment and technology	54
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	29
Other (specify)	6

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	

Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Swiss emb. | Embassy of the Swiss Confederation in the Kyrgyz Republic

Agency General Information

Country director: Rene Holenstein

Total budget disbursed in 2015: \$ 7.533.935,00

Key achievements

Main results of the Swiss funded health projects in Kyrgyzstan Switzerland is providing co-financing to the health sector budget support for the implementation of the Den Sooluk strategy. Major results achieved in 2015 are: thematic meetings are conducted timely with major focus on strengthening primary care system; work plan for PHC strengthening was elaborated; donor coordination is improving; implementation of the investment funds is limited. Within Community Action for Health project, the main achievement is the sustainability of the 1700 Village Health Committees, covering 87% of the all villages in Kyrgyzstan. This network is considered as biggest in Central Asia Region. Republican Health promotion Center has established Health Promotion Units in all oblasts and rayons, which are integrated into the primary care systems. The Health Care Waste Management project is established medical waste collection systems in all oblast and rayon level hospitals countrywide. Currently the project is working on establishing the hospital acquired infection control system in all hospitals of Kyrgyzstan. A result of these activities in 2015 was reduction of the nosocomial infections in the hospitals for 42%. The Medical Education Reforms project achieved considerable results in the reforms of the pre-graduate medical education: the Strategy to reform pre-graduate medical education is approved; the new standard for the general practitioner speciality was approved and implementing during last 4 years. Osh State University's Medical Faculty is in the process of introducing these reforms. The post-graduate and continuous medical education strategy was designed and approved by the Ministry of Health. Within this project the post-graduate education will be decentralized and for this purpose the pilot was introduced in Kochkor, Naryn and At-Bashy rayons. The continuous medical education is conducting through distance learning tool in Naryn oblast. As part of the continuous medical education the peer review groups' discussion was introduced in Naryn oblast. Health Facilities Autonomy project is relatively new and in 2015 it was devoted to the needs assessment of the pilot health facilities in Tyip, Ton and Jetioguz Rayon Health Facilities. Major results are: design of the objectives system of the each pilot facility and its implementation plan; establishment of the Rayon Health Council in each pilot rayon.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2016–2020: 31.100.000 CHF

Project/programme details

Project/programme name: Community Action for Health

Project/programme goal: The Goal of the exit phase is to integrate and anchor the CAH model into the existing public health care system thus ensuring its sustainability and continuity.

Project/programme manager: Gelmius Siupsinskas

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 01/04/2014 End date: 31/03/2017

Total project/programme budget: 4.600.000 CHF

Total disbursed in 2015: 1.400.000 CHF

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	% of administrative costs of AVHC covered by collaborating projects and membership fees (100%)	100%	74%	
2	% of RHCs who generate enough income to finance at least 4 RHC meetings/year and pay a substantial membership fee to AVHC (100%)	100%	100%	
3	Average number of own initiatives per VHC/year (>2 per VHC/year).	2-3 per year	2.1 per year	
4	No. of health actions implemented and documented with their results by sex (9)	9	9	

Type of funding	Financial allocation (%)
Technical assistance	85
Investment	
Administrative costs	15

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	50
Guideline and protocol development	
Legal and regulatory framework development	
Other	30

Investment	Financial allocation

	(%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	80
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	30
Hospitals	
Public health services	70
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	20		30	
Risk factors	20		40	
Non-communicable diseases	50		20	
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health	10		10	
Other (specify)				

Project/programme name: Health Care Waste Management

Project/programme goal: The Goal of the project is to decrease Hospital acquired infections in Kyrgyz hospitals by introduction of Infection Control system in remaining hospitals.

Project/programme manager: Gelmius Siupsinskas

Implementing agency: Swiss Red Cross

Financing: Grant

Duration: Starting date: 01/04/2014 End date: 31/03/2017

Total project/programme budget: 3.060.000 CHF

Total disbursed in 2015: 1.010.000 CHF

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	% operations with correct use of peri-operative antibiotic prophylaxis (>90%)	90%	94%	
2	Ratio of financing of basic infection control equipment by project and by hospitals (in average 50:50)	50:50	40:60	
3	% hospitals with infection control standards > 90%	75%	65%	

Type of funding	Financial allocation (%)
Technical assistance	50
Investment	30
Administrative costs	20

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	50
Guideline and protocol development	10
Legal and regulatory framework development	
Other	20

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	100
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	70

Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	30
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	10
Hospitals	80
Public health services	10
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health		30		
Adolescent health				
Other (specify)		70		

Project/programme name: Medical Education Refoms project

Project/programme goal: The overall goal of this main phase is to improve the quality of medical education/ training and to better connect them to rural health systems needs and practice. As a result, of the project's implementation General Practitioners will be prepared to deliver health services in a responsive and people-centered manner.

Project/programme manager: Louis Loutan

Implementing agency: Medical University of Geneva and PF "Initiatives in Medical Education"

Financing: Grant

Duration: Starting date: 01/04/2013 End date: 30/04/2017

Total project/programme budget: 3.480.000 CHF

Total disbursed in 2015: 815.000 CHF

Geographical coverage: Pilot sites: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	- Medical students satisfaction level with new curriculum and new methods of teaching; Baseline is 0 and target at 70% by 2016	70%	68%	
2	- # of new modules in Year 1 to 5 prepared according to new curriculum; Baseline is 50% and target at 100% by 2016	100%	80%	
3	- # of new graduates taking up jobs in rural hospitals	30	7	
4	- % students in GP/FM specialty at postgraduate level; Target is increase by 5% annually	5% annually	0-0.7%	

Type of funding	Financial allocation (%)
Technical assistance	80
Investment	
Administrative costs	20

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	60
Guideline and protocol development	20
Legal and regulatory framework development	20
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical	

equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	80
Hospitals	20
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases	100	100		
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Health Facilities Autonomy

Project/programme goal: The overall goal of the project is to improve the efficiency and the quality of the health care services by expanding Health Facilities' Autonomy

Project/programme manager: Irina Elebesova

Implementing agency: GFA Consulting and VEK Consulting

Financing: Grant

Duration: Starting date: 01/01/2015 End date: 31/12/2018

Total project/programme budget: 4.160.000 CHF

Total disbursed in 2015: 960.000 CHF

Geographical coverage: Pilot sites: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
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1	% of employees of pilot HFs covered by updated and upgraded accountability mechanisms	80%	0%	Too early to measure
2	% of performance-based earnings by employees of pilot HFs	60%	0%	Not yet started
3	Number of functioning Health Boards at Rayon level/RHB (or number of RHB members with regular attendance)	3	3	
4	% day cases in total of hospital discharges	30%	0%	Not yet implemented

Type of funding	Financial allocation (%)
Technical assistance	55
Investment	25
Administrative costs	20

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	60
Guideline and protocol development	20
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	100
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	70
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	10
Leadership and governance	20

Health services development	Financial allocation (%)

Primary health care	40
Hospitals	40
Public health services	
Emergency care	20

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	30	10		
Risk factors				
Non-communicable diseases	40	40	30	
Injuries and violence prevention				
Mother & child health and reproductive health	30	30	20	
Adolescent health				
Other (specify)				

Project/programme name: Health Sector Programme – SWAp II

Project/programme goal: The project concerns the implementation of the multi-donor supported sector-wide approach under the National Health Reform Programme "Den Sooluk 2012-2016". In essence, it is a contribution to a basket funding of several financiers in the health sector, who jointly with and under the lead of MOH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures.

"Den Sooluk 2012-2016 follows the "Manas Taalimi 2006-2011" programme and has as main objective to

establish conditions for the protection and improvement of the population's health as a whole and for each

individual, irrespective of social status and gender differences. It focuses on four selected priority health

improvement areas, such as Cardio-vascular diseases, Mother and Child Health, Tuberculosis and HIV/AIDS.

Expected health gains, however, shall be achieved through the elimination of system barriers in the major

health system functions: Public Health, Individual Health Services, Health Financing, Resource Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protections, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

Project/programme manager:

Implementing agency: Ministry of Health of the Kyrgyz Republic

Financing: Grant

Duration: Starting date: 23/12/2013 End date: 31/12/2018

Total project/programme budget: \$11.963.500

Total disbursed in 2015: \$ 3.300.000,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Government health expenditure as a share of total government expenditures (%)	13	13	actual value is for the year 2015
2	Maternal mortality ratio decreased to 46.6 per 100,000 live births	46.8	38.5	actual value is for the year 2015
3	Infant mortality rate decreased to 19 per 1,000 live births	19.2	18	actual value is for the year 2015
4	TB Mortality decreased to 4 per 100,000 population	5.9	6.1	actual value is for the year 2015
5	Prevalence of HIV-infection among children born from HIVpositive mothers	3%	2.4%	actual value is for the year 2015

Type of funding	Financial allocation (%)
Technical assistance	11
Investment	89
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	97,43
Guideline and protocol development	
Legal and regulatory framework development	
Other: Communication and representation	2,57

Investment	Financial allocation (%)
Construction and refurbishment	3,66
Medical equipment and technology	79,27
IT technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	

Other (specify) expenses related to other services	17,06
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Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

UNAIDS | Joint United Nations Programme on HIV/AIDS

Agency General Information

Country director: Ms. Meerim Sarybaeva

Total budget disbursed in 2015: \$ 363.767,00

Key achievements

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

At its 37th meeting, the UNAIDS Programme Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS 2016–2021 Strategy is one of the first in the United Nations system to be aligned to the Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2016–2020: \$850.000 (2016 - 2018)

Project/programme details

Project/programme name: Regional Cooperation Programme - phase I

Project/programme goal: Overall goal of the Project in the Kyrgyz Republic is strengthening of national response to HIV according to 10 targets of Political Declaration on HIV.

Project/programme manager: Ms. Meerim Sarybaeva

Implementing agency: MoH, NAC, DSSESDC, KSMIRCE, SPC PM, "Araket Plus" PF

Financing: Grant

Duration: Starting date: 01/06/2013 End date: 31/12/2015

Total project/programme budget: \$1.260.000

Total disbursed in 2015: \$259.346

Geographical coverage: National coverage: 30%, Targeted sub-national coverage: 20%, Pilot sites: 50%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	8 Multidisciplinary Teams (MDT) established.	8	8	8 Multidisciplinary Teams are established and covered 350 PLHIV.
2	150 medical specialists trained on Epidemiological surveillance.	150	151	151 epidemiologists are trained on Epidemiological surveillance, including 57 ones trained by making use of the 3 month distant learning course.
3	Standards of Practice (SOP) to improve HIV and hepatitis screening developed.	SOP developed	75 SOP developed	75 Standards of Practice (SOP) to improve HIV and hepatitis screening are elaborated, approved by the MoH and issued.

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	5
Capacity building	40
Guideline and protocol development	30
Legal and regulatory framework development	
Other	25

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	55

Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	16
Health financing	
Leadership and governance	29

Health services development	Financial allocation (%)
Primary health care	40
Hospitals	15
Public health services	45
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100	100	80	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention			20	
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: UNAIDS Core funds

Project/programme goal: The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. At its 37th meeting, the UNAIDS Programme Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS 2016–2021 Strategy is one of the first in the United Nations system to be aligned to the Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030

Project/programme manager: Ms. Meerim Sarybaeva

Implementing agency: UNAIDS, MoH, Republican AIDS Centre

Financing: Grant

Duration: Starting date: 01/01/2014 End date: 31/12/2015

Total project/programme budget: \$ 36.587

Total disbursed in 2015: \$ 36.587

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Access to ARV treatment is increased	23%	50%	Access to ARV treatment is increased from 23% to 50% of those who need treatment. 45,1% out of registered PLHIV at the level of covered medical facilities has got access to ART.

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	60
Capacity building	40
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	100

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Regional initiative on HIV allocative efficiency

Project/programme goal: According to the Memorandum of Understanding between UNAIDS and USAID, UCO in the Kyrgyz Republic has worked on Investment Case (IC) development. The work is implemented within regional activity with participation of USAID, UNDP and World Bank specialists. The Ministry of Health, the National Statistic Committee, the Ministry of Finance, as well as other partners are involved into the project implementation.

Project/programme manager: Ms. Meerim Sarybaeva

Implementing agency:

Financing: Grant

Duration: Starting date: 01/06/2013 End date: 31/12/2016

Total project/programme budget: \$200.000

Total disbursed in 2015: \$67.834

Geographical coverage: National coverage: 30%, Targeted sub-national coverage: 20%, Pilot sites: 50%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
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1	The country got strategy information for improving national response to HIV. Midterm evaluation of the state programme as well as Optimizing investments in the Kyrgyz Republic's HIV response provided instruments for improving of the national response to HIV	documents to be developed	documents developed	"Optimizing Investments in Kyrgyzstan's HIV response" and "Comprehensive study in HIV area" reports, NASA

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	100
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	100

Health services development	Financial allocation (%)

Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

UNFPA | United Nations Population Fund

Agency General Information

Country director: Meder Omurzakov

Total budget disbursed in 2015: \$ 313.013,00

Key achievements

1. The national clinical protocol on postpartum sepsis including bacterial endometritis, chorioamnionitis and peritonitis has been developed that are consistent with quality care standards. The clinical protocols on postpartum sepsis has been printed and distributed among maternities. Training on clinical protocols on obstructed and prolonged labor and postpartum sepsis has been conducted for Chui and Talas districts including Bishkek's healthcare providers. (70 health staff).
2. The capacity of Midwifery Association was supported through the grant for strengthening its institutional capacity and training on strategy planning for 2016-2017.
3. UNFPA supported the emergency obstetric care module for practicing midwives of the Medical colleges and trained 24 teachers in 2015. The capacity of midwives was also strengthened on primary resuscitation of newborns and postpartum hemorrhage with support of UNFPA, GIZ and LDS Charities.

UNFPA provided assistance to build the capacity of 25 healthcare providers on Emergency Obstetric Care and 29 healthcare providers on antenatal care. The country office has continued supporting implementation of the Confidential Enquiry into Maternal Death (CEMD) in the country. This year, the CEMD Committee has gathered and reviewed 66 maternal death cases in preparation of the second national report on maternal mortality. Additionally, with support of UNFPA, the Secretariat revised CEMD guideline and developed the Standard Operating Procedure (SOP) for CEMD local coordinators. The updated guideline was translated into the Kyrgyz language. Based on assessment of the Near Miss Cases Review (NMCR) in three pilot facilities, the UNFPA with WHO support has initiated a process of revising guideline and developed SOP with the set of indicators for maternal near miss cases aiming at facilitating the reviews of cases. UNFPA with WHO introduced NMCR guideline for 7 oblasts. UNFPA in collaboration with WHO, GIZ and UNICEF conducted training on new updated EPC package to improve the quality and outcome of care for mothers and newborns and trained 45 health care providers at the secondary health care level. UNFPA supports collecting reliable RH data on a regular basis at the country level and advocates to its use in planning and decision making. With UNFPA support the handbook on health statistics for 2014 was printed out for all health organizations to make optimal use of RH/MCH/FP and other health-related data and guide health policy. As a result of CO's advocacy, the Government has made significant commitment to provide subsidies and protection schemes for uninsured pregnant women. From the end of June 2015, all uninsured pregnant women can have access to the Additional Drug Package at the PHC level under the State Guarantee Benefit Package (SGBP). The uninsured pregnant women will be able to purchase medicines in pharmacies at 50-60% discount. The CHANNEL program to strengthen management and supply of contraceptives was introduced in Chui oblast at the end of 2014 and in Bishkek city in May 2015. Implementation of CHANNEL program was scaled up through procurement of 19 PC sets for PHC centers for Bishkek FMCs in April 2015.

The country office provided technical support to monitor the LMIS: appropriate warehousing modalities, distribution and logistics of commodities and there was not stock out of contraceptives stocks in Batken and Chui districts. UNFPA provided substantial assistance to strengthening the capacity of national institutions to provide quality family planning services to the population. The country office supported 13 trainings of 328 health workers from the regions (Osh, Djalal Abad and Chui). Since 2013, the Government allocated fund for financing oral contraceptives and IUD that are included in the Drug Additional package for insured women within the Mandatory Health Insurance Fund, CO provided the information for health care providers during the training. The total market approach (TMA) advocacy workshop was carried out for the civil society to enhance the capacity of 11 NGOs about FP issues. UNFPA in cooperation with NIDI has carried out a survey to capture financial flows towards FP services for 2014 and to create a comprehensive picture of

family planning expenditures Kyrgyzstan. The results will be presented in the beginning of 2016. Fourteen local authorities, eleven religious leaders, 22 Village Health Committees were oriented on their role in implementing the Community RH Action Plan. A workshop on Stepping Stones Training Package was conducted for community and religious leaders. The series of brochures on family planning, save motherhood, HIV prevention and reproductive tract infections were distributed among communities.

A draft of clinical guideline on "Sexual and reproductive health of key populations" was developed by a group of national experts. The document addresses specificities of the key populations and is planned to be reviewed by an international Expert in 2016. 28 participants representing all oblasts of the country from primary healthcare, National, City and Oblast AIDS Centers, NGOs, working in the area of HIV prevention among SWs, international organizations, including UNDP PIU, implementing GFATM funds were covered by a two-day workshop on a newly published WHO/UNFPA/UNAIDS/NSWP/WB Guideline on Implementing Comprehensive HIV/STI Programmes with sex workers (SWIT). The workshop was led by a community leader with two more trainers leading components on SRH/STI/ARV treatment and issues on human rights, discrimination and violence. During the workshop participants learned and discussed in details all six components of the tool and developed recommendations on each component for further roll-out at the country level. It was suggested that the further work on the roll-out be led by NGOs and respective AIDS Centers. There were 4 trainings held for doctors and nurses (separately for each group) on integration of SRH and HIV services among PLHIV. Overall, 97 participants were covered by the trainings from all over the country. The trainings were conducted on the recently approved Clinical Guideline on support for SRH in PLHIV and covered such topics as prevention of STIs, including HIV, and prevention of unintended pregnancies among PLHIV, counselling of PLHIV on SRH. The main message of the trainings was focused on promotion of condom use for triple protection.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2016–2020: \$210 000 (2016)

Project/programme details

Project/programme name: Increased national capacity to deliver comprehensive maternal health services

Project/programme goal: Country Programme 2012-2016 approved by Executive Board in 2011 had a budget total of \$5.3 million for the 5-year programme, \$4.1m in core funds and \$1.2 m to be raised from non-core resources. This budget made a major commitment (55%) to RHR. As outlined by the TOR, the Country Program Action Plan (CPAP) for 2012-2017 was re-aligned with the UNFPA SP for 2014-2017. RHR, especially Maternal Health Services and FP services, were anticipated to be the priority areas at 40% and 15.0% of the total budget respectively. Outcome 1 (Strategic Plan Outcome 2): Increased access to and utilization of quality maternal and newborn health services. Output 1: Capacity of health institutions is strengthened to provide quality maternal and newborn services. To achieve this output UNFPA uses the following strategies: Supporting health-care reform and implementation of the national strategy on reproductive health: The program supports implementation of the National Healthcare Reforms Program “Den Sooluk” for 2012-2016 and National Reproductive Health Strategy and work on further integration of reproductive health issues, particularly maternal health and family planning, into the general health services delivery system. UNFPA continues coordination and joint planning with other development partners to avoid duplications and to maximize concerted efforts. The country office works with the MoH and

partners to secure funds for procurement of contraceptives for SWAp funds. Strengthening institutionalization of approaches aimed at improving the quality of maternal and newborn services: The country office in cooperation with MoH, WHO and German Agency for International Cooperation (GIZ) work further on institutionalization of Confidential Enquiry into Maternal Health and Near-Miss Cases Review in health facilities to improve the quality of services for mothers and newborns. Building the capacity of health service providers and community-based health councils to promote safe motherhood: In close collaboration with the MoH, WHO, GIZ, United States Agency for International Cooperation (USAID) and United Nations Children's Fund (UNICEF), UNFPA provide support in building the capacity of health providers to deliver good quality antenatal and basic obstetric care based on available evidence-based practices. The country office works with village health committees and engage them in activities that raise awareness about safe motherhood. The country office works with communities to address gender norms and stereotypes in order to increase access to reproductive health services. Revising and developing clinical protocols and other evidence-based policies and practices to promote safe motherhood: UNFPA works with the MoH, WHO, UNICEF, USAID and GIZ to develop and revise clinical guidelines and protocols in the areas of essential and emergency obstetric care, antenatal care, clinical management of cervical cancer, adolescent reproductive health, and STIs. The country office provides support and facilitate collaboration of national centres with the recognized international centres to upgrade national protocols and guidelines.

Project/programme manager: Dr. Nurgul Smankulova

Implementing agency: National partner- Ministry of Health, Implementing partner- NGO Kyrgyz Family Planning Alliance

Financing: Grant

Duration: Starting date: 01/01/2015 End date: 31/12/2015

Total project/programme budget: \$255 013

Total disbursed in 2015: \$255 013

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	indicator 1 Number of new reproductive health guidelines and protocols are developed and implemented	1	7	
2	Two CEMD reports with recommendations are available in the country	1	2	

Type of funding	Financial allocation (%)
Technical assistance	90
Investment	

Administrative costs	10
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Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	30
Guideline and protocol development	40
Legal and regulatory framework development	10
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	0
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	80
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	30
Hospitals	60
Public health services	10
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	10			
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health	80	100	100	
Adolescent health	10			
Other (specify)				

Project/programme name: Family Planning and RHCS

Project/programme goal: Output 2: Strengthened RHCS system in the country: UNFPA works with the MoH and other partners to strengthen RHCS and expand the range of contraceptives available in the Kyrgyz Republic. The country office works with the Medicines Department of the MoH and Mandatory Health Insurance Fund to expand the list of modern contraceptives available in Essential Medicines List (EML) and Additional Drug Package of State-Guaranteed Benefit Package. The findings and recommendations of the 2011 Strategic Assessment on Unwanted pregnancy will be used for policy dialog and advocacy. The country office continues working with Faith-Based Organizations (FBO) to increase use of family planning services by the population, including among religious communities. The following strategies are employed to achieve this output:

45. Promoting, advocacy, and technical support to ensure the availability of reproductive health commodities for the most vulnerable groups: UNFPA works with the Kyrgyz Government, NGOs, the business sector, health service providers, communities and mass media to ensure that reproductive health commodities are available to and accessible by the most vulnerable groups, and that the national system for RHCS is strengthened. The country office conducts advocacy and mobilize support at all levels, including communities, civil society organizations and religious leaders. Strengthening the capacity of health personnel to provide reproductive health counselling and services: UNFPA works closely with MoH and other partners to strengthen knowledge and skills of health service providers in delivering good quality counselling and services to ensure a greater access to a range of modern contraceptives, particularly among the most vulnerable populations. Nurses' and midwives' knowledge and skills of family planning will be strengthened further. Experience and use of Logistic Information Management System (LMIS)/CHANNEL software will be discussed and expanded to other regions to manage contraceptive logistics. Creating demand for services and commodities through behaviour change communication: Special attention is given to increasing the population's awareness of contraceptives and family planning services. The country office works with the MoH, NGOs, community organizations and mass media to disseminate information and communicate messages that target the general population, healthcare providers, civil society organizations, and religious leaders. The country office implements Gender Transformative Programming to address social norms and stereotypes that relate to women's reproductive function, including the role of men and boys in family planning and parenthood. These programs will also target GBV.

48. Strengthening links between and integration of Family Planning (FP) services with Sexual and Reproductive Health (SRH), HIV, and STI services in the country: The country office in cooperation with other partners work further on integration of FP services with SRH, HIV and STI services. In 2010 the country office in cooperation with Alliance on Reproductive Health conducted Rapid Assessment of integration between SRH and HIV services. The country office will support implementation of recommendations from the Rapid Assessment. Building the capacity of the Ministry of Health and other key stakeholders to respond to emergency situations: The country office continues its efforts that it began in the second program cycle to increasing the ability of health providers and local NGOs to implement the MISP and to provide services to victims of sexual violence in humanitarian settings. The Kyrgyz MoH developed a national action plan to implement MISP and the country office will support implementation of these activities in the next program cycle.

Project/programme manager: Nurgul Smankulova

Implementing agency: Reproductive Health NGO and Kyrgyz Family Planning Association

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 01/01/2017

Total project/programme budget:

Total disbursed in 2015: \$58 000

Geographical coverage: National coverage: 60%, Pilot sites: 40%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	The number of new reproductive health guidelines and protocols is developed and implemented	0	3	
2	The forecasting system for reproductive health commodities is available	1	8	
3	The number of healthcare providers and community members trained on family planning human rights protocols	0	700	
4	The number of healthcare providers and stakeholders trained on MISIP	0	150	

Type of funding	Financial allocation (%)
Technical assistance	75
Investment	20
Administrative costs	5

Technical assistance	Financial allocation (%)
Policy development	10
Capacity building	50
Guideline and protocol development	20
Legal and regulatory framework development	20
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	100
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical	

equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

UNICEF | UN Children's Fund

Agency General Information

Country director: Ms. Yukie Mokuo

Total budget disbursed in 2015: \$ 376.500,00

Key achievements

UNICEF Kyrgyzstan has been addressing inequitable access to basic social services since 2012. The Country Programme targets 90 municipalities to promote peacebuilding by improving access to services. The quality of services for women and children has improved in 34 hospitals in southern Kyrgyzstan as a result of UNICEF-supported interventions. Elements include approval of new regulations, training on innovative forms of healthcare, provision of life-saving equipment, and introduction of integrated monitoring and supervision. Ministry of Health data for 2013 and 2015 show falls in unnecessary hospitalization from 64 to 36.7 per cent, wrong diagnosis from 63.3 to 36.7 per cent, and wrong treatment (as defined in WHO criteria) from 84.7 to 58.4 per cent. Based on a 2015 assessment, since 2011 immunization cold chain storage capacity has increased from 42 to 96 per cent. The country has standard manuals on vaccine management and effective cold chain, developed with UNICEF Kyrgyzstan's support. At the national level, a notable partnership continued with the Scaling Up Nutrition movement, where UNICEF Kyrgyzstan is the country facilitator. With the Ministry of Health and the Ministry of Agriculture and Melioration, UNICEF Kyrgyzstan actively promoted multi-sectoral approaches and improvements to coordination mechanisms for food security and nutrition to ensure children and women's right to proper nutrition. This partnership was formalised through endorsement of the first State Programme on Food Security and Nutrition.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2015–2020: Uncertain

Project/programme details

Project/programme name: Equity

Project/programme goal: Providing equitable access to health and social services to the most disadvantaged and vulnerable population of the Kyrgyz Republic

Project/programme manager: Ms. Ainura Tekenova

Implementing agency: UNICEF, Ministry of Health

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2015

Total project/programme budget: €

Total disbursed in 2015: \$ 49.500,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	100
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	16,16
Hospitals	83,84
Public health services	

Emergency care	
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Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health	16,16	83,84		
Adolescent health				
Other (specify)				

Project/programme name: Nutrition

Project/programme goal: Addressing major causes of nutritional and development deterioration of children and their mothers by strengthening Nutrition and ECD in Emergencies
Development of national plans, programs, on ECD and Nutrition Issues
Scaling up of flour fortification program and support to salt iodization
Building Intersectoral Platform/
SUN

Project/programme manager: Ms.Damira Abakirova

Implementing agency: UNICEF, Ministry of Health, CSOs

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2017

Total project/programme budget: €

Total disbursed in 2015: \$ 179.000,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100

Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	18
Capacity building	46
Guideline and protocol development	36
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	26
Hospitals	
Public health services	74
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors	100		100	
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Strengthening system of infection control in MCH facilities of the KR and implementation of EID testing among newborns

Project/programme goal:

Project/programme manager: Mr. Edil Tilekov

Implementing agency: UNICEF, Ministry of Health, CSOs

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2017

Total project/programme budget: \$ 148.000,00

Total disbursed in 2015: \$ 148.000,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	80
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	

Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	100
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100			
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

USAID | US Agency for International Development

Agency General Information

Country director: USAID Mission Director: Mr. Nathan Park

Total budget disbursed in 2015: \$ 8.303.400,00

Key achievements

USAID/Kyrgyz Republic's IMPLEMENTATION APPROACH BY GOAL

Goal One: Tuberculosis - Reduce the prevalence and mortality of TB

USAID contributes to the following Kyrgyz National TB Program/Ministry of Health high level indicator targets:

- Treatment success rate for MDR-TB
 - Percentage of patients with TB who receive full ambulatory treatment
- In 2015, USAID contributed toward the National TB Program's achievement of the following:
- MDR TB treatment success rate changed from 60% in 2014 to 58% at end of 2015.
 - Percentage of patients with TB who receive full ambulatory treatment in USAID pilot sites increased from 15.4% in 2014 to 39% at end of 2015.

The Kyrgyz Republic is a World Health Organization (WHO) priority country for multi-drug resistant tuberculosis (MDR-TB). Approximately 25 percent of MDR-TB cases are primary MDR-TB, which indicates that major drivers of TB include: (1) lack of access to quality TB care, and (2) need for MDR-TB case identification and case management.

USAID Approach: In 2015, USAID supported the Kyrgyz Republic's National TB Control Program (NTP) to improve access to quality TB care, including MDR-TB, through the following interventions:

- a) Screening and Referral Services
- b) Case Management
- c) Laboratory Strengthening
- d) Pharmacovigilance
- e) Outpatient TB treatment
- f) Improved clinical care

Cross-Cutting Goal: Health Systems Strengthening: Although USAID does not receive funding to support health systems strengthening interventions, all USAID-supported TB activities take a systems-based approach to design and implementation.

Goal Two: HIV/AIDS

In 2014, the United States President's Emergency Plan for AIDS Relief (PEPFAR) initiative launched program pivots in Central Asia, including the Kyrgyz Republic, to: 1) geographically concentrate PEPFAR's focus on two oblasts with the greatest HIV burden (Osh and Chui oblasts and Bishkek and Osh cities); and 2) focus exclusively on two Key Population groups, persons injecting drugs (PWID) and persons living with HIV/AIDS (PLHIV).

The rationale for this program change was to maximize resources to impact the lives of more than 14,250 PWID in Central Asia via prevention activities and more than 4,180 PWID via HIV care services in the region. This strategy represents a new and exclusive focus on PWID as the largest Key Population group with the highest HIV prevalence in Central Asia, and therefore the optimal group for targeted support.

USAID contributes to the Kyrgyz Republic's Den Soluuk National Health Strategic Plan objective of reducing and containing the spread of HIV infection at the concentrated stage. Under the PEPFAR initiative, USAID/Kyrgyz Republic tracks the following standard indicator targets:

- Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
- Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required

USAID also tracks the following "custom" indicators for its work in Kyrgyzstan under the PEPFAR initiative:

- Number of individuals [targeted Key Populations] who had a complete referral to a facility for HIV testing
- Number of individuals [PWID and PLHIV] who had a complete referral for TB testing during the last 12 months.

In 2015, USAID contributed towards the achievement of the following outcomes:

- 2024 individuals [targeted Key Populations] had a complete referral to a facility for HIV testing
- 3298 individuals from targeted Key Population were reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
- 1063 individuals [PWID and PLHIV] had a complete referral for TB testing

USAID's HIV/AIDS programming under the PEPFAR initiative seeks to increase the access, uptake, and quality of core prevention and treatment interventions to a saturation level for PWID in order to increase the number of PLHIV on antiretroviral treatment (ART) and to decrease new HIV infections in high burden locations in the Kyrgyz Republic. PEPFAR activities also focus on PWID in prisons. The operational model of the U.S. government agencies implementing the PEPFAR initiative in the Kyrgyz Republic – USAID and the U.S. Centers for Disease Control and Prevention (the CDC) – involves close collaboration and complementarity at program sites. For example, the CDC works in health facilities, such as Kyrgyzstan's Republican AIDS Centers and Republican Narcology Centers, while USAID focuses on community level outreach and HIV service provision, including facilitating referrals to clinical sites where the CDC is providing technical assistance under PEPFAR. To address gaps and barriers to HIV epidemic control and to improve retention rates of PWID in the continuum of care in order to make substantial progress towards UNAIDS 90-90-90 goals, in 2015, USAID worked in partnership with the CDC, the Kyrgyz Ministry of Health and Republican AIDS Centers, local civil society, the Global Fund and UNAIDS in Chui oblast (Sokuluk and Issyk Ata rayons) and Bishkek city, and also in Osh oblast (Kara-Suu rayon) and Osh city. USAID's technical assistance in 2015 included: 1) significantly expanding testing of PWID as part of prevention outreach; 2) increased community outreach to provide HIV prevention services to Key Populations, with a focus on PWID; 3) referrals of persons found to be HIV positive to HIV/AIDS care and treatment services supported by the CDC and the Republican AIDS Centers; and 4) referring PWID and PLHIV for TB testing.

Add SPRING nutrition project 2015 goals & achievements (see Annual Report)

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2016–2020: \$7.530.000 (2016)

Project/programme details

Project/programme name: Defeat TB

Project/programme goal: The USAID Defeat TB Project activity supports the Government of the Kyrgyz Republic's National Tuberculosis Program (NTP) in the implementation of its tuberculosis national strategic plan and complements the government's existing and planned projects. The project builds on efforts by other USAID projects and provides technical assistance to support: (1) continued scaling-up of programmatic management of multi-drug resistant TB (MDR TB); (2) improved TB laboratory services for the timely identification of MDR TB; (3) scaled-up patient-centered, outpatient approaches for the treatment of TB and MDR TB; (4) improved access to diagnostic and treatment services for vulnerable populations including prisoners and migrants and; (5) strengthening of health systems that support the National Tuberculosis Program.

Project/programme manager: Ainura Ibraimova

Implementing agency: Abt Associates Inc.

Financing: Grant

Duration: Starting date: 15/08/2014 End date: 14/08/2019

Total project/programme budget: \$12.730.120

Total disbursed in 2015: \$4.189.332

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	MDR TB treatment success rate	65%	58%	• USAID contributed to Kyrgyz National TB Program achievement of increased MDR TB treatment success rate from 60% in 2014 to 58% at end of 2015.
2	% TB patients who receive full ambulatory treatment in USAID sites	25%	39%	% of TB patients who receive full ambulatory treatment in USAID pilot sites increased from 15.4% in 2014 to 39% at end of 2015.

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	60
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	70
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
Health financing	10
Leadership and governance	10

Health services development	Financial allocation (%)
Primary health care	50
Hospitals	40
Public health services	10
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100	100	100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Challenge TB Project

Project/programme goal: Challenge TB is a five-year, USAID/Washington-based central project. Implementing partner KNCV Tuberculosis Foundation (KNCV) provides technical assistance in support of the goals of the Kyrgyz TB National Strategic Plan and will complement existing and planned projects supported by other donors and the Kyrgyz Ministry of Health. KNCV builds the capacity of the National TB Program (NTP) to prepare the country's health systems to introduce new tuberculosis drugs and shorter TB treatment regimens. KNCV provides technical assistance to improve patient-centered, quality care and treatment systems for TB, MDR TB, and TB/HIV co-infection. This includes universal access to appropriate treatment, including strengthening the Kyrgyz Republic's laboratory network, with a special focus on improving care and treatment of MDR-TB. The USAID Challenge TB Project also strengthens the Kyrgyz Republic's health system as it relates to TB, particularly for improving political commitment and leadership to fight TB, developing and strengthening TB partnerships, increasing demand for quality services, improving drug policies and management, strengthening the monitoring and evaluation

(M&E) systems, and building human capacity to combat TB. Over the life of the project, the USAID Challenge TB Project intends to achieve the following results in Republic of Kyrgyz

1. The NTP is capable to use new drugs and regimens for M(XDR)-TB patients
2. The diagnostic algorithms and bacteriological follow up are aligned to enable proper diagnosis and M/XDR-TB treatment follow-up
3. Treatment and management conditions for implementation of new drugs and regimens are created by the National TB Center
4. Active pharmacovigilance is conducted in relation with the introduction of new TB drugs
5. The NTP has effective treatment and care protocols and ethical policies and programming to care for infectious TB patients for whom no effective treatment is available.

Project/programme manager: Bakyt Myrzaliev

Implementing agency: KNCV Tuberculosis Foundation

Financing: Grant

Duration: Starting date: 01/01/2014 End date: 31/12/2019

Total project/programme budget: \$500.000

Total disbursed in 2015: \$250.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	10
Capacity building	25
Guideline and protocol development	10
Legal and regulatory framework development	5
Other	50

Investment	Financial allocation (%)
Construction and refurbishment	

Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	80
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
Health financing	
Leadership and governance	10

Health services development	Financial allocation (%)
Primary health care	10
Hospitals	90
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100	100		
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: TB Control Project

Project/programme goal: The purpose of USAID/Kyrgyz Republic's buy-in to this Almaty-based regional project is to enable better diagnosis and treatment of TB in Kyrgyz labor migrants who become infected with MDR TB and TB in the country of labor destination. Control TB Project works to develop tracking mechanisms to ensure that these TB infected migrants are not lost to follow up upon returning back to Kyrgyzstan. This implementer performs a coordinating and information exchange role across the Central Asia Region countries and Russia. It also facilitates intergovernmental dialogue, planning and decision-making around the issue of TB in labor migrants. The project beneficiaries include: Labor migrants from Kyrgyz Republic and their families, TB/MDR TB patients,

community/family members, health care workers, community and social care workers. TB Control Program performs specific activities geared toward supporting a broader regional response for improved TB-related outcomes in the region. Most of these activities are coordinated closely with TB control activities managed by USAID/Kyrgyz Republic. Regional activities might include: TB control for labor migrants, regional workshops or study tours to highlight successful models or activities within the CAR region that focus on introduction of the new TB drugs, as well as outpatient models. USAID Kyrgyzstan funds will be contributed to the annual TB in migrants' events to ensure that key Kyrgyz national partners are involved in the cross border strategy development.

Project/programme manager: Arman Toktabayonov

Implementing agency: Project HOPE

Financing: Grant

Duration: Starting date: 01/09/2014 End date: 31/08/2019

Total project/programme budget: \$400.000

Total disbursed in 2015: \$100.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	80
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	

Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	100

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Quality Health Care Project

Project/programme goal: The Quality Health Care Project builds on years of USAID efforts to better meet the health needs of Kyrgyz Republic population, particularly those groups that are most vulnerable.

The Quality Health Care Project is focused on improving the delivery of, access to, and use of quality health services through strategic, evidence-based interventions at the policy, health service, and health management levels.

The USAID Quality Health Care Project consisted of five integrated components aimed at addressing the most-pressing health concerns in the country: TB prevention and treatment; HIV prevention and access to care; improvements to maternal and child health (MCH); increased use of family planning (FP) and reproductive health (RH) services; and addressing anti-microbial resistance addressing

other public health threats (OPHT). Beneficiaries of the Project include: Local NGOs; health providers; women and children; most at risk populations for HIV (injecting drug users (PWID), sex workers (SW), prisoners, men who have sex with men (MSM), and migrants); TB patients and their contacts; and communities.

Project/programme manager: Jyldyz Uzbekova

Implementing agency: Abt Associates Inc.

Financing: Grant

Duration: Starting date: 07/09/2010 End date: 06/09/2015

Total project/programme budget: \$14.919.435

Total disbursed in 2015: \$164.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	20
Capacity building	50
Guideline and protocol development	20
Legal and regulatory framework development	10
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	60
Hospitals	30
Public health services	10
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	70	70	100	100
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health	30	30		
Adolescent health				
Other (specify)				

Project/programme name: HIV REACT Project

Project/programme goal: USAID's HIV React project aims to reduce HIV transmission in the Kyrgyz Republic among key populations in detention and post-detention settings. The project provides technical assistance, training, transitional client management, and prevention services to reduce HIV transmission among prisoners and post-release inmates. It also strengthens the quality of narcology services and their linkages with the Kyrgyz Republican AIDS centers and legal and social support services for prisoners and ex-prisoners.

Project/programme manager: Natalia Shumskaya

Implementing agency: AIDS Foundation East West (AFEW)

Financing: Grant

Duration: Starting date: 11/06/2014 End date: 10/06/2019

Total project/programme budget: \$5.934.997

Total disbursed in 2015: \$566.304

Geographical coverage: Pilot sites: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	70
Guideline and protocol development	15
Legal and regulatory framework development	15
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	50

Health services development	Financial allocation (%)

Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: HIV Investment Case Approach

Project/programme goal: Goal: Maximize effectiveness of Kyrgyz Republic's national HIV/AIDS response through efficient resource allocation and increased savings
Major accomplishments in 2015:

- Allocative efficiency report finalized in 2015; and presented in early 2016
- Mid-term evaluation of Kyrgyz national HIV 2012-2016 program and evaluation of continuum of care for persons who inject drugs (PWID), with costed action plan prepared and presented to the stakeholders.
- Advocacy for UNAIDS Stigma Index research, which was jointly conducted in FY 2015 with the Central Asian Association for People Living with HIV (CAAPLHIV), with findings presented in early 2016.

* Began development of new HIV/AIDS Kyrgyz national HIV/AIDS program for 2018-2022

Project/programme manager: Meerim Sarybaeva

Implementing agency: UNAIDS Kyrgyz Republic and UNAIDS Regional in Moscow, Russia

Financing: Grant

Duration: Starting date: 10/01/2012 End date: 09/01/2017

Total project/programme budget: \$195.000

Total disbursed in 2015: \$195.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	50
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	50
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	50
Leadership and governance	50

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
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Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Dialogue on HIV and TB Project

Project/programme goal: Goal: Reduce the spread of the HIV and tuberculosis (TB) epidemics in Central Asia through improved health behaviors among key populations (KP).

Project objectives included:

1. HIV transmission risk behavior reduction;
2. Increased use of evidence-based HIV prevention;
3. Increased TB treatment service use by KPs;
4. Improved TB case detection among selected KPs;
5. Improved adherence to, and decreased default rate from TB treatment among KPs.

The activity's outreach work on HIV and TB prevention reached substantial numbers of all of the targeted populations, meeting annual targets:

- 22,208 PWIDs-including 1737 PWIDs for last year of project (extension period 2015 Year 6)
- 2,288 PLHIV- for 6 years 177 PLHIV for last year of project
- 7,241 SW- for 6 years, including 541 for last year of project
- 3,306 MSM- for 6 years, including 496 MSM for last year of project
- 7,004 Prisoners – for 4 years including 866 prisoners in Year 4
- 10,431 Migrants – for 4 years
- 300 PLHIV were provided with TB treatment adherence support, of whom 234 successfully completed TB treatment

The Project's voucher system using unique identifier codes to ensure Key Population client confidentiality and to track health services received by clients was approved by an MOH order in recognition of its effectiveness in ensuring key population's (KP) free access to health services, and strengthened partnerships between NGOs and public health clinics, and removed some major barriers (e.g., affordability, registration) to KP's access to services.

9614 most at-risk individuals who received counseling and testing HIV and know their results
42 047 KPs reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required .

Project/programme manager: Leila Koushenova

Implementing agency: Population Services International (PSI)

Financing: Grant

Duration: Starting date: 30/09/2009 End date: 31/08/2015

Total project/programme budget: \$5.289.289

Total disbursed in 2015: \$62.470

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	# of individuals who had a complete referral for HIV Testing and Counselig and received their test results	1951	2024	2024 individuals [targeted Key Populations] had a complete referral to a facility for HIV testing and received their test results
2	# of the targeted population of PWID were reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	3903	3298	3298 individuals from target Key population of injection drug users were reached in 2015

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	100
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	50
Hospitals	
Public health services	50
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100		100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: HIV LEADER

Project/programme goal: Goals of the USAID HIV LEADER activity:

Strengthen the organizational and leadership capacity of the Central Asian Association for People Living with HIV (CAAPLHIV) Secretariat

- Improve access of Persons Living with HIV/AIDS (PLHIV) to quality services by strengthening CAAPLHIV member organizations to:

- 1) Reduce stigma and discrimination against PLHIV;
- 2) Reduce legal and policy barriers faced by PLHIV; and
- 3) Advocate for quality health and social service systems that will equitably deliver services for PLHIV.

Major 2015 Accomplishments - USAID Health Policy Project strengthened the capacity of the LEADER Project and the CAAPLHIV network to do the following:

- Created a 3-year strategic plan for the PLHIV network;
- Enabled NGOs to develop advocacy plans for PWID, SW, MSM, PLHIV, which led to award of small grants (\$2,000 per NGO) from the HPP for implementing the advocacy plans;

- Performed, together with UNAIDS the Stigma Index Assessment among PLHIV in three countries (KR,KZ,TJ)

Ongoing activities conducted by the LEADER project in FY15 included:

- Network of PLHIV trained in project management and fundraising
- Cascade trainings on human rights of PLHIV in Kyrgyz Republic
- Monitoring of quality and access of services for PLHIV

Project/programme manager: Evgeniya Kalinichenko

Implementing agency: Central Asian Association for People Living with HIV (CAAPLHIV)

Financing: Grant

Duration: Starting date: 25/04/2014 End date: 24/04/2017

Total project/programme budget: \$335.077

Total disbursed in 2015: \$107.039

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	25
Capacity building	75
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	50

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: SPRING Nutrition project

Project/programme goal: Overall goal of SPRING Project:

To improve the nutritional status of children under two and women of reproductive age in the Kyrgyz Republic.

Our objective is to increase the uptake of 11 evidence-based practices and services that have potential to reduce stunting and anemia among women and children.

SPRING intermediate results are:

- increased access to quality nutrition services
- increased demand for priority nutrition practices and services
- enhanced access to a diverse diet.

Project/programme manager: Nazgul Abazbekova

Implementing agency: Save the Children and John Snow International (JSI), Inc.

Financing: Grant

Duration: Starting date: 01/08/2014 End date: 30/09/2017

Total project/programme budget: \$5.298.000

Total disbursed in 2015: \$2.058.281

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Percentage of health provider's trained on Infant & Young Child Feeding (IYCF)	96%	95%	
2	Number of children under 2 years of age reached by SPRING		7565	
3	Percent of staff trained by SPRING in hospitals that are in the Baby Friendly Hospital Initiative (BFHI) certification process	40%	30%	

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	32
Capacity building	35
Guideline and protocol development	33
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	

Other (specify)	
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Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	33
Hospitals	34
Public health services	33
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health	100	100	100	
Adolescent health				
Other (specify)				

Project/programme name: Good Governance and Public Administration Strengthening (GGPAS)

Project/programme goal: USAID's Good Governance & Public Administration Strengthening (GGPAS) program is a flexible, three-year initiative to help strengthen key Kyrgyz Republic public and private institutions critical to long-term Kyrgyzstan's stability and democratic growth. In 2015, GGPAS provided targeted assistance to strengthen the Kyrgyz Ministry of Health and other public health institutions to deliver key healthcare services more effectively and efficiently.

The GGPAS project did not work only in public health. It also helped a range of public, private, and civil society partners to expand access to and improve the quality of services to Kyrgyz citizens, including:

- Tax services
- Social protection & development
- Education

- Healthcare
- Public safety & law enforcement
- Electricity & energy sector

Project/programme manager: Maia Gogoladze

Implementing agency: International Resources Group (IRG)

Financing: Grant

Duration: Starting date: 01/03/2014 End date: 31/07/2016

Total project/programme budget:

Total disbursed in 2015: \$485.974

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	95
Investment	5
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	95
Guideline and protocol development	
Legal and regulatory framework development	5
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	100
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation
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	(%)
Health services delivery	70
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	30

Health services development	Financial allocation (%)
Primary health care	
Hospitals	70
Public health services	30
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases			100	
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Grant Management Solutions

Project/programme goal: Grant Management Solutions Project Goal: Provide short - term technical assistance to strengthen the governance role and grant oversight skills of the members of the Kyrgyz Republic Country Coordination Mechanism (CCM) as well as the systems and functionality of the CCM Secretariat.

Provide short-term technical support to the Ministry of Health of the Kyrgyz Republic management systems and select MoH personnel to strengthen institutional capacity to serve as Principal Recipient of TB and HIV grants from the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM).

Since December 2012, USAID has supported technical assistance to strengthen the Country Coordinating Mechanism (CCM) of the Kyrgyz Republic's GFATM grants. In 2015, the USAID Grant Management Solutions consultants worked together with the CCM members, with a focus on the following:

- CCM-Kyrgyz Republic Secretariat strengthening
- Strategic transfer of the role of Principal Recipient
- Mitigation of conflicts of interest of CCM members

- Improving CCM dialogue and communications among members
- Increasing CCM meeting effectiveness and outcomes
- Bolstering the CCM's GFATM grant oversight capabilities
- Increasing CCM engagement and dialogue with multilateral/bilateral partners

Project/programme manager: Catherine Severo

Implementing agency: Management Sciences for Health

Financing: Grant

Duration: Starting date: 12/01/2012 End date: 30/09/2017

Total project/programme budget: \$242.263

Total disbursed in 2015: \$100.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	25
Capacity building	50
Guideline and protocol development	25
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	35
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	15
Leadership and governance	50

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	100
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases			100	
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: STOP TB Partnership

Project/programme goal: To prevent the interruption of treatment for 118 multi drug-resistance TB patients in the Kyrgyz Republic, in 2015 USAID/Kyrgyz Republic procured drugs for multi-drug resistant tuberculosis (TB) from the STOP TB Partnership.

USAID/ KR procured second line drugs for multidrug resistant TB patients from the Global Drug Facility on behalf of the National TB Program (NTP) to support completion of treatment for 118 MDR TB patients.

USAID provided technical assistance to the NTP on the ordering process, delivery planning to prevent expiration of drugs, customs clearance, and logistics systems development to ensure delivery of the drugs to NTP.

In 2015, USAID supported a one-time emergency procurement of tuberculosis drugs for the Kyrgyz Republic's National Tuberculosis Program using the STOP TB Partnership as a procurement agent

Project/programme manager:

Implementing agency: UNOPS and John Snow International (JSI) and other partners

Financing: Grant

Duration: Starting date: End date:

Total project/programme budget: \$25.000

Total disbursed in 2015: \$25.000

Geographical coverage:

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Treatment success rate for MDR-TB		118 Kyrgyz MDR TB patients successfully completed the treatment in the Fall of 2015	

Type of funding	Financial allocation (%)
Technical assistance	
Investment	100
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	100
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	

Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	50
Hospitals	50
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	100	100		
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Agency General Information

Country director: Jean-Michel Happi, Country Manager

Total budget disbursed in 2015: \$ 6.481.796,00

Key achievements

The current Second Health and Social Protection Project is aligned with the overarching areas of engagement of the Interim Strategy Note (ISN) for the Kyrgyz Republic (Report No. 62777-KG – June 16, 2011). The Project is consistent with the World Bank's ISN as its higher level objective is to improve public sector governance and capacity of the health system management and improve health outcomes. The Project Development Objective is to: (i) improve health outcomes in four health priority areas in support of the "Den Sooluk" National Health Reform Program 2012-2016; and (ii) enable the Government's efforts to enhance effectiveness and targeting performance of social assistance and services.

Overall implementation progress of the RBF project is satisfactory. Pilot RBF project was successfully scaled up from one pre-pilot hospital to 42 other hospitals since the project became effective on July 29, 2014. This scale-up has so far included seven rounds of regular quarterly verifications and three rounds of semiannual counter verifications. The average quality scores measured by the BSC have shown a remarkable improvement in both groups of hospitals from the baseline. The average scores increased from the baseline of 9.3% in August 2014 to 74% in April 2016 (latest data provided) in Group 1 hospitals and from 8.6% to 65% in Group 2 hospitals.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2016–2020: \$ 8.778.204 (2016-2018)

Project/programme details

Project/programme name: Health Sector Programme – SWAp II

Project/programme goal: This project summarizes WB contribution to the implementation of the multi-donor supported sector-wide approach (phase II) under the National Health Reform Programme "Den Sooluk 2012-2016". It is a contribution to a basket funding of several financiers, who jointly with and under the lead of MoH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures. The other donors involved in this initiative are KfW and SDC (Swiss Agency for Development and Cooperation).

"Den Sooluk 2012-2016 follows the "Manas Taalimi 2006-2011" programme and has as main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. It focuses on four selected priority health improvement areas, such as Cardio-vascular diseases, Mother and Child Health, Tuberculosis and HIV/AIDS. Expected health gains, however, shall be achieved through the elimination of system barriers in the major health system functions: Public Health, Individual Health Services, Health Financing, Resource Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protections, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

Project/programme manager: Ha Thi Hong Nguyen

Implementing agency: Ministry of Health (MOH) and Mandatory Health Insurance Fund (MHIF)

Financing: 55% - Loan; 45% - Grant

Duration: Starting date: 23/12/2013 End date: 31/12/2018

Total project/programme budget: \$ 13.500.000 00

Total disbursed in 2015: \$ 4.260.000,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Government health expenditure as a share of total government expenditures (%)	13	13	actual value is for the year 2015
2	Maternal mortality ratio decreased to 46.6 per 100,000 live births	46,8	38,5	actual value is for the year 2015
3	Infant mortality rate decreased to 19 per 1,000 livebirths	19,2	18,0	actual value is for the year 2015
4	TB Mortality decreased to 4 per 100,000 population	5,9	6,1	actual value is for the year 2015
5	Prevalence of HIV-infection among children born from HIVpositive mothers	3%	2,4%	actual value is for the year 2015

Type of funding	Financial allocation (%)
Technical assistance	11
Investment	89
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	97,43
Guideline and protocol development	
Legal and regulatory framework development	
Other: Communication and representation	2,57

Investment	Financial allocation (%)
Construction and refurbishment	3,66

Medical equipment and technology	79,27
IT technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other: Expenses related to other services	17,06

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

Project/programme name: Health Results-Based Financing Pilot project

Project/programme goal:

Project/programme manager: Asel Sargaldakova

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 29/07/2014 End date: 30/06/2017

Total project/programme budget: \$11.000.000

Total disbursed in 2015: \$2.221.796

Geographical coverage: Targeted sub-national coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	the proportion of eligible rayon hospitals that received the authorized performance-based payments within two weeks after the MHIF's receipt of payment invoices;	80%	0	Two PDO-level indicators cannot be achieved due to an underestimation of the time required to process document submissions and payments as per government procedures.
2	the proportion of eligible rayon hospitals that received the authorized performance-based payments within two weeks after the MHIF's receipt of payment invoices;	80%	0	The project implementation experience shows that this duration will need to be revised
3	the number of counter-verifications carried out for a subset of Group 1 rayon hospitals (20) and Group 2 rayon hospitals (20) every six (6) months;	8	10	

Type of funding	Financial allocation (%)
Technical assistance	
Investment	80
Administrative costs	20

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)

Construction and refurbishment	30
Medical equipment and technology	30
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	10
Other (specify)	30

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	100
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health		100		
Adolescent health				
Other (specify)				

WFP | UN World Food Program in the Kyrgyz Republic

Agency General Information

Country director: Ram Saravanamuttu

Total budget disbursed in 2015: \$ 3.089.482,00

Key achievements

WFP pursues three key objectives in the Kyrgyz Republic: 1) strengthen social safety nets to improve food security and nutrition; 2) improve and diversify rural livelihoods by increasing income opportunities, food security and nutrition at the household level; and 3) enhance the capacity of rural communities to cope with shocks, including natural or man-made disasters. WFP strengthened these areas by contributing to policies, systems and field level interventions. In January 2013, WFP launched a four-year project, "Optimising Primary School Meals Programme in Kyrgyz Republic"; the new school meals policy was formulated and supported by Russian non-governmental organization (NGO), the Social and Industrial Foodservice Institute (SIFI). A pilot activity providing nutritious and affordable meals to children in food insecure areas is continuing. It built the capacity of school administrations, local authorities and communities to manage school feeding more effectively, whilst rehabilitating school infrastructure. The policy set a strategic direction for development of the national school meals programme until 2025. In mid-2014, WFP launched a new development project, "Support to National Productive Safety Nets and Longer-Term Community Resilience", to enhance the government's capacity to contribute to sustainable food security, nutrition and resilience among the poorest and most food-insecure groups. The project focuses on rural development, social protection, and disaster risk management and climate change adaptation. In these areas, support is provided to policy development, systems optimization and field level interventions through building resilience and improving livelihoods of the most vulnerable. The project has a nutrition-sensitive approach, with support for advocacy, food fortification, integration of nutrition into social protection, diversification of food consumption, links with school feeding and engagement in the Scaling Up Nutrition (SUN) movement.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2015–2020:

Project/programme details

Project/programme name: Optimising Primary School Meals Programme in Kyrgyz Republic

Project/programme goal: The goal of the project is to provide technical assistance to build national capacity to improve the quality, efficiency and sustainability of the existing school meals programme. Technical assistance focuses on supporting the government to develop: i) an efficient, sustainable national school meals strategy, implementation plan, and policy framework that is aligned with international quality standards for sustainable school feeding; and ii) an improved coordination structure with enhanced capacities to manage and implement a national school meals programme.

Project/programme manager: Nadezhda Frank

Implementing agency:

Financing: Grant

Duration: Starting date: 01/01/2013 End date: 31/12/2017

Total project/programme budget: \$15 869 932

Total disbursed in 2015: \$3 089 482

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Children receiving school meals in primary schools	62000	79776	
2	Number of pilot schools with hot meals	192	259	
3	Number of government/national partner staff receiving technical assistance and training	150	1,184	
4	Number of pilot schools baking bread and pastry products at school level	90	100	
5	Energy content of food distributed (kcal/person/day)	520	514	

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other (specify) Capacity Development and Augmentation	100

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	

Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

WHO | World Health Organization

Agency General Information

Country director: Dr. Jarno Habicht

Total budget disbursed in 2015: \$ 2.244.241,00

Key achievements

During 2015 WHO continue to support policy dialogue, contribute to capacity building and provide its technical assistance on development of the national strategic documents and programs. Some of them have been approved by the Government (the national Drug Policy, strategy on electronic health, Multi-year Plan on Immunization). Number of the strategies and programs have been drafted and currently under the consideration of the MoH and the Government (Children/Adolescent health, International Health Regulations (IHR) Action Plan, Laboratory Policy and strategic Plan, TB Master Plan, Tobacco Control Plan, Alcohol Action Plan). The technical assistance were provided by using the expert capacity and resources from all three level of the Organization (global, regional and country) with the involvement of the different stakeholders and sectors of the Government and civil society organizations.

Under the frame of the cooperation between WHO and the country, WHO provided technical assistance also for the implementation of the national Den Sooluk program activities and different PH programs. In the area of the of communicable diseases the key achievements were: the evaluation of the HIV/TB service delivery model, evaluation of the MDR treatment/management with follow up recommendations on optimizing of TB and HIV services, improving MDR detection and treatment, building capacity on pharmacovigilance, TB/MDR reporting, strengthening monitoring/evaluation capacities, lead the development of Road Map on TB on shifting the TB beds from hospital level to the PHC; opening the new models of psychosocial support for TB patients, strengthening laboratory diagnostics of HIV/AIDS. The coordination is provided among the partners, including the support for the GLC and GDF missions and sub-regional projects on TB control and HSS. The successful concept note for the country application to the Global Fund (GFATM) was strongly supported, as well the contributed to the dialogue on programs and grant governance. Additional Supplementary Immunization Activities have been conducted to cope the last year outbreak of Measles and Rubella with high coverage of the targeted population (0-20 years).

On non-communicable diseases, WHO provided support for the finalization of the first background population survey report on NCD risk factors (STEPS) and use these data to scale up the national interventions to control NCD related risk factors among the population. The main results of the study on HSS barriers to address CVDs have been disseminated widely at the JAR to use them for decision making process. To support the continuing efforts on control of the Tobacco products, WHO developed the Tobacco taxation report to bring clear goals to increase tobacco taxes in the coming years which were used disseminated as well as the GYTS survey among the MoH and the partners. First efforts done to improve the skills and capacities of the PHC facilities (pilot implementation) of the key interventions to control NCD's and the preliminary findings showed increase of the registration of the patients with hypertension in pilot facilities and better management of the risk factors among the patients. The capacity building activities implemented to initiate the cancer register development in the country to identify the main problems with the organization of the oncological services.

In the area of life-course interventions, WHO has provided support for the development of the first national CEMD report of maternal mortality, development of the joint UN MAF Action Plan to promote joint progress towards MDG5. The activities were implemented to improve the quality of the registration of the mortality cases, strengthened health services for mothers/children. WHO provided strong technical assistance to improve the quality of the paediatric care for children in pilot facilities by implementing the model of the adapted Pocket Book and by this, significantly improved the services. Support provided jointly with partners on Effective perinatal care (EPC) and contributed for the organization of the 1st national Forum on maternal mortality.

WHO continue to work on strengthening the Health systems approach and provided continuing technical support for the comprehensive Den-Sooluk health reforms by strengthening health financing mechanisms, review of the public health services, improving access to medicines and health technologies and strengthening regulatory capacity by finalization and endorsement of the new Drug Policy. WHO conducted landmark analysis "Trends in out of pocket expenditures in Kyrgyzstan: 2000-

2015” to compare situations over several reform cycles and inform further discussions. A number of additional surveys have been supported (“Comparative analysis of hospitalizations by CVD patients by region” , “Reasons for low levels of health care seeking at PHC level and awareness of own condition amongst men”, Situation analysis of chronic renal failure (CRF) morbidity in the Kyrgyz Republic”). WHO provided technical assistance to develop the Concept on further strengthening the PHC services which was discussed and endorsed by the MoH for years 2016 - 2018. In addition WHO continuously enables capacity building via Flagship courses on health financing and NCDs areas. Support was provided for development of the e-health strategy and its approval, Evipnet project activities, support for the Central Asian CARINFONET network, others. WHO took part in development of the annual plans of the national health sector reform program Den Sooluk (5 components, 4 priority programs), organization of Thematic meetings and Joint Annual Review and participated in health sector coordination mechanisms in line with SWAp agreement. The health policy events have been conducted jointly with the MoH and World Bank to discuss health financing, primary care services, Tobacco control and other policy issues. Technical assistance provided for the implementation of the activities on disaster risk management for health, evaluation of the country capacity to implement the IHR recommendations and Action Plan, including evaluation of the legislative base with re to IHR, and strengthening response to pandemic influenza.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2015–2020: \$13 500 000

Project/programme details

Project/programme name: Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2014/2015

Project/programme goal: The BCA for 2014–2015 was mutually agreed and endorsed in response to public health concerns and ongoing efforts to improve the health status of the population of Kyrgyzstan. The BCA is based on analyses of the public health situation in the country and inputs from the national health authorities, while also taking into account WHO global priorities, policy directions and country priorities, and reflects the WHO strategic assessment. The BCA contributes to the implementing Health 2020 vision in Kyrgyzstan and includes programmatic priorities in the areas as communicable diseases; non-communicable diseases; promoting health throughout the life-course; health system; preparedness, surveillance and response.

Project/programme manager: Dr. Jarno Habicht

Implementing agency: WHO, Ministry of Health

Financing: Grant

Duration: Starting date: 01/01/2014 End date: 31/12/2015

Total project/programme budget: \$2 244 241

Total disbursed in 2015: \$1 799 177

Geographical coverage: National coverage: 98%, Pilot sites 2%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Control of communicable diseases	To stabilize the morbidity level	Achieved	
2	To combat outbreak of Measles/Rubella.	96% coverage of Supplementary immunization activities	Achieved	
3	Control of NCD Risk Factors in 10 PHC facilities		PEN protocol implemented	
4	Implementation of the adapted Pocket book for Paediatric care		Achieved	
5	Support for the development of the PHC Concept	Concept developed	Achieved	

Type of funding	Financial allocation (%)
Technical assistance	87
Investment	1
Administrative costs	12

Technical assistance	Financial allocation (%)
Policy development	40
Capacity building	20
Guideline and protocol development	20
Legal and regulatory framework development	20
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	100
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	55
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	15
Health financing	20
Leadership and governance	10

Health services development	Financial allocation (%)
Primary health care	20
Hospitals	10
Public health services	60
Emergency care	10

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases	30		50	
Risk factors	20		10	
Non-communicable diseases	30		10	
Injuries and violence prevention				
Mother & child health and reproductive health	20	80	20	
Adolescent health		20	10	
Other (specify)				

Project/programme name: Sector Budget Support

Project/programme goal:

Project/programme manager:

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 01/08/2015 End date: 31/03/2020

Total project/programme budget: €

Total disbursed in 2015: \$ 445.064,00

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1				
2				
3				

Type of funding	Financial allocation (%)
Technical assistance	

Investment	
Administrative costs	

Technical assistance	Financial allocation (%)
Policy development	
Capacity building	
Guideline and protocol development	
Legal and regulatory framework development	
Other	

Investment	Financial allocation (%)
Construction and refurbishment	
Medical equipment and technology	
Information technology	
Medical supplies (including immunizations, pharmaceuticals etc.)	
Other (specify)	

Health systems functions	Financial allocation (%)
Health services delivery	
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
Health financing	
Leadership and governance	

Health services development	Financial allocation (%)
Primary health care	
Hospitals	
Public health services	
Emergency care	

Disease areas	Primary Health Care	Hospitals	Public Health	Emergency Care
Communicable diseases				
Risk factors				
Non-communicable diseases				
Injuries and violence prevention				
Mother & child health and reproductive health				
Adolescent health				
Other (specify)				

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