

ACCESS OF VULNERABLE YOUTH TO KEY SERVICES IN THE KYRGYZ REPUBLIC



UNITED NATIONS
KYRGYZ REPUBLIC



REPORT ON THE SURVEY RESULTS FOR THE
STUDY OF THE "LEAVE NO ONE BEHIND"
PRINCIPLE IMPLEMENTATION

A light blue map of Kyrgyzstan serves as a background for the central text. Three small icons—a heart with radiating lines, a sun, and a heart—are scattered across the map.

KYRGYZSTAN

A horizontal line of small, multi-colored dots in shades of red, orange, yellow, green, and blue, located at the bottom of the page.

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The publication was prepared by the request of the State Agency on Youth, Physical Culture and Sport under the Ministry of Culture, Information, Sports and Youth Policy of the Kyrgyz Republic in cooperation with United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Development Program (UNDP) and United Nations International Children's Fund (UNICEF).



REPORT ON THE SURVEY RESULTS FOR THE STUDY OF THE "LEAVE NO ONE BEHIND" PRINCIPLE IMPLEMENTATION

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LIST OF ACRONYMS

ART	Antiretroviral Therapy
FSGLA	Free State-Guaranteed Legal Aid
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HEI	Higher Education Institution
SSEP	State Service for Execution of Punishment
GIT	Gastrointestinal Tract
CC	Correctional Colony
ICT	Information and Communication Technologies
STIs	Sexually Transmitted Infections
HDI	Human Development Index
KR	Kyrgyz Republic
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
PLHIV	People Living With HIV
PWID	People Who Inject Drugs
IOM	International Organization for Migration
MSM	Men Who Have Sex With Men
LSG	Local Self Government
MSE	Medical And Social Examination
MSEC	Medical and Social Expert Commission
NLAs	Normative Legal Acts
NGO	Non-Governmental Organization
PWDs	Persons With Disabilities
UN	United Nations
ORT	General Republican Test
SGP	State Guarantees Program
PMPC	Psychological, Medical and Pedagogical Commission
CIS	Commonwealth of Independent States
FMC	Family Medicine Center
UNFPA	United Nations Population Fund



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SUMMARY OF THE STUDY FINDINGS

The Kyrgyz Republic is a country of nearly 6.5 million people located in Central Asia, bordering China, Kazakhstan, Uzbekistan, and Tajikistan. With a gross national income for 2020 estimated at \$1,146 per capita, the Kyrgyz Republic has been classified as a lower-middle income country.

The country's Human Development Index (HDI) value in 2020 is 0.697, which puts it in the 120th place in the ranking of 189 countries in the category of average human development. More than half of the country's population is under the age of 25. Growth in gross domestic product (GDP) per capita has fluctuated throughout the post-Soviet period and, according to the latest World Bank data, declined from **8.7%** in 2013 to **2.3%** in 2019. Influenced by the crisis caused by the COVID-19 pandemic, the volume of GDP decreased by **8.6%** compared to 2019. About a quarter (**22.4%**) of the population of the Kyrgyz Republic is below the poverty line, and in some regions this figure exceeds **50%**.

A human-centered approach is the basis for the development of programs of the government of the Kyrgyz Republic. The principle of "leaving no one behind" is a fundamental and cross-cutting principle of the UN global 2030 Agenda for Sustainable Development, ratified by the Kyrgyz Republic.

Fulfilling the "leave no one behind" commitment in practice means, above all, targeting policies at the most vulnerable, ensuring that government programs are planned and implemented, giving priority to those most in need.

In this regard, the UN system in the Kyrgyz Republic (UN Youth Thematic Group) and the Ministry of Culture, Information, Sports and Youth Policy of the Kyrgyz Republic initiated this study to determine the vulnerability of various groups of young people and the availability of basic rights and services for vulnerable groups.

The results of the survey will contribute to the development of the Common Country Assessment and assist the UN system in evidence-based positioning of youth needs in the communication and programmatic responses developed for young people in the Kyrgyz Republic.

The conducted documentary and sociological research as well as the comparison of the obtained data confirmed that vulnerable categories of young people do experience significant restrictions in the main spheres of life which are an obstacle in exercising their rights and legitimate interests. These restrictions concern access to all basic services guaranteed by the Kyrgyz Republic.

Access to Education

Educational services are limitedly available to representatives of vulnerable youth groups. The leading role in these restrictions is played by both traditional stereotypes, psychological barriers, and insufficient organization and preparedness of the education system for inclusion (Alyokhina, 2013) and comprehensive satisfaction of the educational needs of vulnerable groups.

The main systemic problems limiting access to education are the low walking and transport accessibility of schools, financial problems of members of vulnerable groups, stigmatization



of certain groups, such as prisoners and people living with HIV/AIDS, whose status is disclosed to schools and other educational institutions by health workers, and the high involvement of children in domestic work, problems with obtaining documents, and discrimination on the basis of language often faced by returnees.

Access to Information and Information Platforms

Young people from crisis categories have relatively free access to information channels and platforms, but access to reliable information is limited due to both objective and subjective reasons.

Physical availability of information channels. The Internet is available to **59.69%** of respondents, but to access it **95.9%** of respondents use smartphones, which are significantly inferior to other electronic devices in terms of functionality of search, use and distribution of information.

Reliable sources of meaningful information. The vast majority of respondents use information channels to read news, and they prefer to receive meaningful information (for example, about their own rights) through television channels (**33.33%**). The most popular source of information about health (for **35.96%** of respondents), employment (**33.58%**), education (**29.29%**) is the Internet. At the same time, it should be noted that it is not always accessible to persons with disabilities due to non-adaptability for the visually impaired.

Access to Health Care and Related Social Services

Barriers and obstacles to health care and related social services for vulnerable youth are due to many common factors.

Leading factors include a high level of formalism, bureaucracy, and outdated procedures and norms. First of all, it is the geographic binding of the provision of medical services by state institutions at the place of registration, the need to collect a lot of certificates and documentation, undergo periodic medical examinations, etc.

Financial inaccessibility also greatly affects the openness of the health care system to vulnerable youth. We are talking not only about commercial medicine, but also public medicine, the services of which are also often inaccessible to vulnerable youth. Material accessibility of high-quality medications plays an important role here.

A significant problem is the lack and inaccessibility of necessary qualified medical specialists in remote communities. Young people with specific diseases are forced to seek medical services in another city or region.

Low professional level of health care workers and even cases of discrimination also affect the accessibility of health care services. Vulnerable young people are particularly sensitive and susceptible to this impact.

Another obstacle is the low level of trust in medical specialists. In the absence of accessible specialists and the predominance of traditional stereotypes, many vulnerable youth prefer to rely on the opinion of family, parents, and relatives in health matters rather than go to specialists.

Access to Justice and Legal Services

Representatives of vulnerable groups of young people have limited access to justice and legal services due to systemic

legislative, institutional, social problems and behavioral stereotypes (lack of habit to apply to competent authorities/low accessibility to competent authorities). The law enforcement practices of both law enforcement bodies and other institutions of state power are of great importance in the fact that access to justice is limited. The low level of trust in law enforcement bodies, the judiciary and public institutions, including NGOs, is also one of the determining factors affecting access to justice among vulnerable youth.

Currently, less than **30%** of young people are willing to go to law enforcement and other agencies to protect their rights, and only **6.17%** are willing to do so every time they feel their rights have been violated.

Of particular concern is the fact that more than a quarter of respondents are willing to sacrifice their civil rights in favor of the interests of the state, especially girls who live in rural areas. Such attitudes and stereotypes make them even more vulnerable to various kinds of violence, including economic violence.

Access to Employment Opportunities

Based on the current socio-economic situation and the impact of the COVID-19 pandemic, the problem of employment is particularly relevant for vulnerable groups of young people. However, based on the research data, it can be concluded that the right to work is one of the most difficult to ensure for vulnerable groups of young people.

State systems of assistance to citizens in the employment process are relatively effective. Only **0.34%** of respondents were able to find a job through public

employment centers, while **43.22%** used vocational guidance services, training, labor mediation, free counseling, or unemployment benefits.

Significant limitation is observed in the spheres of application of labor of vulnerable groups of youth. Most respondents are employed in agriculture, trade, construction, restaurant business, education, transport and tourism. Only some respondents have experience in information technology, food industry and network marketing.

Although persons with disabilities, ex-convicts, and young people living with HIV/AIDS remain the most vulnerable categories of citizens in the labor market, other groups of vulnerable youth also lack substantial guarantees. More than **70%** of young people who participated in the study are not formally employed and are exposed to socio-economic risks and discrimination in the workplace.

Access to Opportunities for Civic and Political Participation

In recent years, there has been a significant expansion of opportunities for civic and political participation in the country through the development of their tools: public hearings, communication events, the creation of various platforms, as well as public monitoring and advisory councils at various levels. In recent years, the practice of creating Youth Advisory Councils in cities and aiyyl aimaks of the country has become widespread.

At the same time, the civic participation of young people is still limited, although



the state and society are taking significant steps to solve this problem.

Persons with disabilities are almost the only category of young people whose civic participation receives special attention. There is a lack of research on the participation of migrants' children in the social and political life of the country, as well as detailed studies on the participation of returnees, people living with addiction, and many other vulnerable groups.

The situation is somewhat better in the area of studying civil political participation of people living with HIV/AIDS and victims of violence. Because of societal discrimination, **34.7%** chose not to have children, **24.0%** chose not to start a family, **15.3%** chose to isolate themselves from family and children, **13.3%** chose not to work, **10.0%** chose to avoid social events, **9.3%** chose to stop working, and **9.3%** chose to stop studying. Several key informants have said that if a person outside of a large city discovers he or she has HIV, the first thing to do is to leave the village.

Particular social and religious forces also reinforce stigma and discrimination, sometimes leading to violence against key populations and severely limiting their civic and political participation. As noted above, radical groups not only attack sex workers and LGBTI people, but also advocate for the reclassification of sex work as "gay propaganda".

Victims of violence also experience certain limitations. Local civil society organizations have been active for many years in raising awareness among the

general public about violence against women and promoting reforms in the Kyrgyz Republic. And yet, in doing so, they themselves have faced discrimination, harassment and arrest for attempting to exercise their rights to freely participate in associations and to assemble peacefully. This is illustrated by the unlawful detention of participants in the 2020 International Women's Day march in Bishkek.

According to the results of sociological research we can conclude that the general group of vulnerable youth still has access to political and civic participation. **50.33%** of respondents always participate in political elections as voters. **37.92%** of respondents participate in the public life of the community.

Overall, more than one-third of respondents are able and engaged in civic participation. The figure for political participation as voters exceeds **50%**. However, about **60%** of respondents remain outside of public life, more often due to personal choice.

Based on the findings of the study, this report offers recommendations for improvement. The recommendations take into account the difficult economic situation in which the state and society found themselves due to the COVID-19 pandemic and are based on the "here and now" principle, that is, this report recommends feasible measures, for which it is possible to create objectively measurable indicators in the short and medium term. Also, the recommendations do not require a capital financial investment, which will only be possible once the economy fully recovers from the crisis.

INTRODUCTION

Context and Relevance of the Study

The Kyrgyz Republic is a country of nearly 6.5 million people located in Central Asia, bordering China, Kazakhstan, Uzbekistan, and Tajikistan. With a gross national income for 2020 estimated at \$1,146 per capita, the Kyrgyz Republic has been classified as a lower-middle income country.¹

The country's Human Development Index (HDI) value in 2020 is 0.697, which puts it in the 120th place in the ranking of 189 countries in the category of average human development². More than half of the country's population is under the age of 25. Growth in gross domestic product (GDP) per capita has fluctuated throughout the post-Soviet period and, according to the latest World Bank data, declined from 8.7% in 2013 to 2.3% in 2019. Influenced by the crisis caused by the COVID-19 pandemic, the volume of GDP decreased by 8.6% compared to 2019³. As of 2020, about a quarter (22.4%) of the population of the Kyrgyz Republic is below the poverty line, and in some regions this figure exceeds 50%. Poverty, high levels of corruption (124th place out of 180)⁴, lack of employment opportunities and many other reasons can be attributed to the high level of external, in particular labor migration from the Kyrgyz Republic and the impact of the global pandemic. According to various

estimates, from half a million to one million citizens of the country work abroad, with their remittances accounting for one-third (28.5%) of the country's GDP in 2019⁵.

A human-centered approach is the basis for the development of programs of the government of the Kyrgyz Republic. The principle of "leaving no one behind" is a fundamental principle of the sustainable development strategy of the Kyrgyz Republic (KR) until 2040, and is the logical implementation of the country's commitments under the UN Sustainable Development Goals and the Agenda for Sustainable Development Goals. The strategic framework for human-centered policies has identified and consolidated the vector of sustainable development for current and future generations, prioritizing the most vulnerable groups, which include families and children in difficult life situations, people living with HIV/AIDS, drug addiction and mental illness, victims of violence, persons with disabilities, refugees, internally displaced persons and migrants, children of migrants, convicts and persons released from prison, the elderly, women and youth living in remote rural areas, taking into account diverse cultural, ethnic and religious traditions. Fulfilling the "leave no one behind" commitment in practice means, above all, targeting policies at the most vulnerable, ensuring that government programs are planned and implemented, giving priority to those most in need.

Despite significant efforts made by the government of the country and international organizations to ensure these approaches and principles, representatives of vulnerable groups still face difficulties, obstacles and discrimination in accessing

1 GDP. National Statistical Committee of the Kyrgyz Republic. Accessed on 5 July 2021, <http://www.stat.kg/ru/opendata/category/1/>

2 Human Development Index (HDI) 2020. No News. Accessed on 5 July 2021, <https://nonews.co/directory/lists/countries/index-human>

3 Gross Domestic Product in January-December 2020. (14 January 2020). National Statistical Committee of the Kyrgyz Republic. Accessed on 5 July 2021, <http://www.stat.kg/ru/news/valovoj-vnutrennij-produkt-v-yanvare-dekambre-2020-goda/>

4 "The UNDP measured the "standard of living". In Kyrgyzstan, the index is declining", Kaktus Media, 16 December 2020. Accessed on 5 July 2021, <https://kaktus.media/doc/428078-proon-izmerila-yroven-jizni-v-kyrgyzstane-indeks-snijaetsia.html>

5 "Migrants transferred \$2.4 billion to Kyrgyzstan in 2019". (20 February 2020). 24.kg. accessed on 5 July 2021, https://24.kg/ekonomika/144248_v2019_godu_migranty_i_pereveli_vkyrgyzstan_24_milliarda/



basic services. The problems and interests of vulnerable groups are not always fully reflected in the policy documents of the government and local self-government in the Kyrgyz Republic, and the decisions themselves are often made without taking into account objective and relevant data, especially about the needs of young representatives of vulnerable groups.

In this regard, the UN system in the Kyrgyz Republic (UN Youth Thematic Group) and the Ministry of Culture, Information, Sports and Youth Policy of the Kyrgyz Republic initiated this study to determine the vulnerability of various groups of young people and the availability of basic rights and services for vulnerable groups.

Purpose of the Study

The main purpose of the study is to examine the degree of vulnerability of youth groups in the Kyrgyz Republic and assess their access to various key rights and services.

Objectives of the Study

1. Examine the extent to which vulnerable young people have limited access to education, information and information platforms, health care, social protection, justice services, employment opportunities, and civic and political participation.
2. Identify systemic factors that exclude vulnerable young people socially, culturally, economically, politically, legislatively/institutionally, and environmentally.
3. Describe the demographic characteristics (gender, age, place of residence, marital status, educational level, socio economic and legal status, migration status, disability status) of vulnerable youth and adolescents.
4. Analyze the factors that contribute to

inequality, exclusion, and vulnerability of young people in education, skills development opportunities, access to health systems, social protection, and the exercise of economic and labor rights.

METHODOLOGY OF THE STUDY

The methodology of this study combines the results of desk research (literature review) and the comparison of its data with the results of field sociological research conducted in all regions of the Kyrgyz Republic among young representatives of vulnerable groups. The methods of conducting sociological research were interviews with respondents according to the predetermined study sample.

The total sample size was 500 respondents aged 14 to 29 years living in the KR. In fact, 620 questionnaires were received and processed, which exceeded the planned indicator due to the high demand of the target audience for research activities, determining the opinion of representatives of vulnerable groups for the purposes of policy formation and plans of competent authorities.

In this study, vulnerable youth refers to the following categories:

- refugees, stateless persons, returnees (people with official status of "kairylman");
- children of migrant workers (14-18 years old);
- orphans and graduates of orphanages;
- girls who gave birth as a result of rape;
- people engaged in the worst forms of child labor or forced labor;
- LGBTQIA+;
- teenage mothers;

- young people with disabilities (all categories of disability, including physical and mental disabilities);
- young people caring for persons with disabilities;
- young people in conflict with the law, including those in detention;
- young people who are homeless or in temporary housing;
- young people from linguistic, religious, and ethnic minorities;
- young people who do not work, study, or receive vocational training;
- young people living with HIV/AIDS;
- young drug addicts and substance users;
- young people affected by gang violence;
- young people from remote, mountainous and border areas;
- young survivors of sexual violence, human trafficking, and other forms of gender-based violence;
- unaccompanied and separated teens (teens who are separated from their parents for various reasons, possibly due to conflict);

- underage brides (girls who intend to marry, voluntarily or under compulsion, before reaching the age of majority);
- teenage heads of households.

The study used a multistage, non-random, focus (address) sample. This is due to the fact that the probability of getting young people from all vulnerable groups into a single random sample is statistically small.

All selected categories of youth were conditionally divided into two groups: general and specific. The general group includes those categories of youth who can be identified without the help of specialists and can be found in places of their usual residence. The specific group consists of categories of youth, which are registered with specialists, authorized bodies, are in social and correctional institutions, crisis centers, etc. The results of the study are presented in the format of description of data revealed by the results of the survey of general and specific groups.

Table 1. Differentiation of youth categories by groups within the study

General group	Specific group
<ul style="list-style-type: none"> • refugees, stateless persons, returnees • children of migrant workers • young people from remote, mountainous and border areas • young people with disabilities • young people caring for persons with disabilities • teenage mothers • young people from linguistic, religious, and ethnic minorities • young people who do not work, study, or receive vocational training • unaccompanied and separated teens • underage brides • teenage heads of households 	<ul style="list-style-type: none"> • orphans • girls who gave birth as a result of rape • people engaged in the worst forms of child labor or forced labor • LGBTQIA+ • young people living with HIV/AIDS • young drug addicts and substance users • young survivors of sexual violence, human trafficking, and other forms of gender-based violence • young people in conflict with the law, including those in detention • young people who are homeless or in temporary housing • young people affected by gang violence



Based on the vulnerability criteria adopted for this study, which in turn take into account not only the division of youth according to vulnerability principles, but also take into account geographic

and demographic factors, such as residence in high-altitude or border areas, as well as issues of ethnic origin, the study was conducted in the following localities:

Table 2. Geography of the study

Region	District	Village
Issyk-Kul	Ton Ak-Suu	Tuura-Suu
		Boz-Uchuk
		Dyishyn
		Chelpek
Chui	Alamedin	Jany-Jer
		Kyzyl-Oi
		Vinogradnoe
		Aleksandrovka
		Maevka
Naryn	Ak-Talaa	Ak-Chiy
		Min-Kush
Talas	Manas Talas	Tameki-Sovkhoz
		Kopuro-Bazar
Batken	Leilek Batken	Arka
		Kulundu
		Orto-Boz
		Pasky-Aryk
Osh	Kara-Suu Alai Kara-Kuldja Aravan	Ak-Tash
		Sary-Mogol
		Ak-Boguz
		Min-Teke
Jalal-Abad	Ala-Buka Aksy Chatkal Suzak	Ak-Tam
		Mamai
		Ak-Tash
		Kyz-Kol
		Kara-Daira
Osh city		
Bishkek city		

The data collection met regional quotas for gender (50/50) and age (at least 30

percent for each age group 14-17, 18-24, and 25-29).

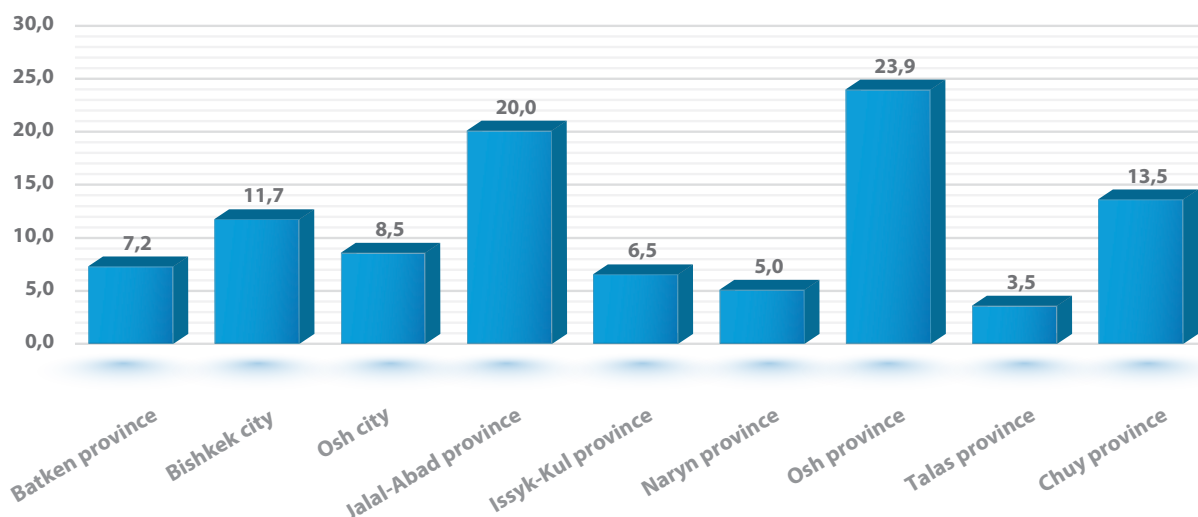
The data obtained during the survey was processed in the SPSS program, observing all the necessary stages of data processing and comparison to ensure the reliability of statistical analysis and study results. Detailed methodology of the study is presented in Annex 1 to this Report.

Demographic Characteristics of Respondents

General Group

During the study, 541 respondents were interviewed in all regions of the Kyrgyz Republic, including Bishkek and Osh cities.

Diagram 1. Percentage of respondents by region, %



80.5% of respondents live in rural areas, **10%** live in urban areas, and **9.5%** of respondents live in suburban areas. Girls accounted for **52.9%** of respondents. In terms of age the largest percentage of respondents were teenagers aged 14 to 17 years (**37.1%**), persons aged 17 to 24 years accounted for **33.4%** of respondents, and the age group of 25 to 29 years accounted for **29.5%**.

35.8% have full secondary education, **13.9%** have specialized secondary education, **7.1%** have higher education. **28.8%** of respondents have incomplete

secondary education, and **8%** have incomplete higher education. **3.2%** of respondents have primary education, **3.3%** do not have any education.

41.7% of respondents do not have a diploma of specialty, another **27.3%** are in the process of obtaining secondary education. **31%** have a confirmed specialty. The range of professions of respondents is quite wide. The most common professions among those with specialized secondary education are elementary school teacher, nurse, cook, auto mechanic, furniture maker, massage therapist, mechanic,

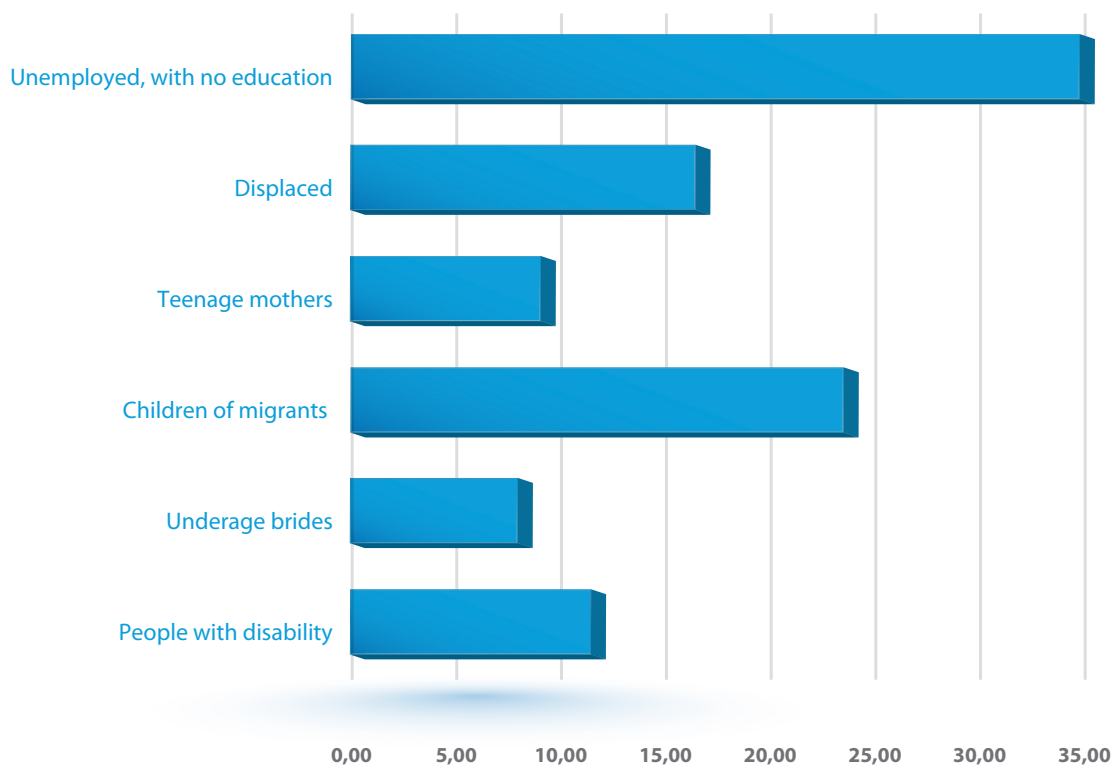


welder, plumber, farmer, tractor driver, seamstress, electrician, hairdresser and carpenter. Among the respondents who have or are obtaining higher education, the most common professions are teachers and accountants/economists. Also, respondents have mentioned the professions of linguists, journalists, lawyers, theologians, psychologists, doctors, geologists, designers, architects and programmers. Only one respondent has positioned himself as a specialist

in information technology other than programming and design.

62.5% of respondents are single, 29.3% have already started a family, 3.9% are divorced, 2% are widowed, and 1.1% of respondents have indicated their marital status as other. By "other" respondents mean living with parents or other older family members. Also, respondents who are going to get married soon prefer to define their marital status as other.

Diagram 2. Signs of vulnerability, %



Based on the results of interviews with the main group on the grounds of vulnerability, the vast majority of respondents (34.9%) fall into the category of not working, not studying, and not receiving vocational training.

23.6% are children of migrant workers, 16.5% are returnees (with "kairylman" status), 11.5% have disabilities, 8.1% are teenage mothers, and 8% are underage brides.

Specific Group

A total of 79 questionnaires were collected within the specific group. The questionnaires were collected mainly in Bishkek and its surroundings through specialized organizations.

Nº	Vulnerability criterion	Number of respondents*
1	Refugees	5
2	Unaccompanied	1
3	Orphans	13
4	«Kairylmans»	12
5	LGBTQIA+	14
6	Young people living with HIV/AIDS	10
6	Young survivors of gender-based violence	16
7	Young people in conflict with the law	10

**Some vulnerabilities are cross-cutting, so the number of respondents is higher*

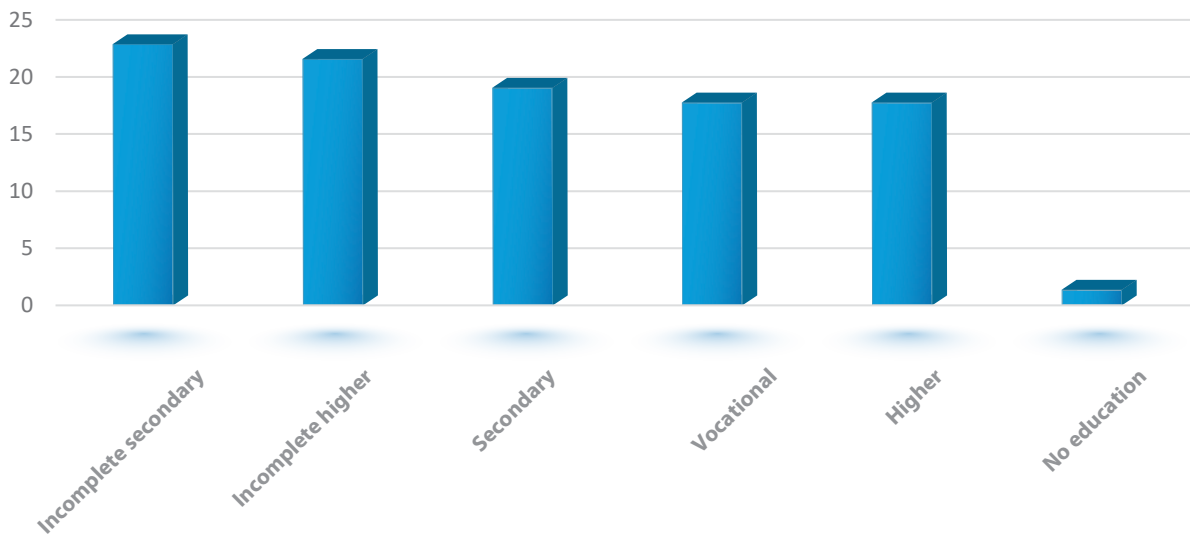
The gender breakdown of the study was as follows:

Nº	Gender	Number of respondents
1	Bisexual	1
2	Gay	2
3	Female	37
4	Lesbian	1
5	Male	35
6	Transgender	2
7	Transgender, pansexual and bisexual	1
Total		79

In the specific group, **56.9%** of respondents were aged 18-29, **22.8%** were aged 25-29, and respondents aged 14-17 accounted for **20.3%**. According to the level of education, the distribution was as follows:



Diagram 3. Education level of respondents



84.3% of respondents in this group were single at the time of the survey, 12.7% were

married, 1.5% were divorced, and 1.5% were in a civil marriage.

ACCESS TO EDUCATION

According to the Program of Education Development in the Kyrgyz Republic for 2021-2040⁶, the main goal of its implementation is the formation of creative and healthy human capacity, freely adapting and capable of changing the mobile socio-economic environment by integrating the resources and capabilities of the state and society, as well as modernization of the management system. To this end, the Program prioritizes equal and equitable access to quality education. At the same time, civil society institutions and experts note the limited access to quality education among vulnerable categories of young people. The situation in education has deteriorated under the influence of quarantine measures imposed in connection with the global pandemic COVID-19, which negatively affected both the organization

of the educational process and its financing.

It should be noted that there are restrictions in access to education for members of vulnerable groups. According to the results of the desk study, the access of migrants' children to educational services is often limited. The IOM study in 2020 on internal migrants shows that only 45% of children of internal migrants have access to preschool education⁷. Every fifth internal migrant in Bishkek believes that there are no pre-school classes in the neighborhood. The largest number of uninformed migrants is recorded among the youngest group of respondents without relatives living in urban areas. The presence of official registration (35%) contributes to an increase in the proportion of internal migrants who have access

6 Program of Education Development in the Kyrgyz Republic for 2021-2040. Ministry of Justice of the Kyrgyz Republic. Accessed on 6 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/158227>

7 Internal migration in Kyrgyzstan. International Organization for Migration Mission in the Kyrgyz Republic. (2018). <https://kyrgyzstan.iom.int/sites/kyrgyzstan/files/publication/Internal%20Migration%20in%20Kyrgyzstan.pdf>

to preschool education, compared to those who do not have registration (28%)⁸. Due to the lack of residence registration and official registration, 23% of surveyed internal migrants living with children could not enroll their child in school⁹. In addition, children of migrants are often deprived of a choice of schools.

Also, the remoteness of schools from the place of residence is an obstacle to the education of children of migrants. The average distance to the school is 2.8 km, and the state-guaranteed pedestrian accessibility is fixed at around 4 km. At the same time, in other CIS countries, pedestrian accessibility is considered to be a distance not exceeding 1 km. Such norms are established based on the physical characteristics of primary schoolchildren, and also ensure an inclusive approach, since a distance of 4 km cannot be accessible to persons with disabilities. Also, the lack of provision of schools with ramps and other means of physical accessibility is also a serious obstacle to education for children with disabilities.

In the Kyrgyz Republic, examination of children with disabilities for the possibility of obtaining school education is carried out through two systems of state commissions: medical and social expert commissions (MSEC) under the Ministry of Health and Social Development and psychological, medical and pedagogical commissions (PMPC) under the Ministry of Education and Science. However, the methodological recommendations of these commissions limit access to education for children with certain types of disabilities¹⁰.

8 Ibid.

9 Ibid.

10 Insisting on Inclusion. Institutionalization and Barriers to Education for Children with Disabilities in Kyrgyzstan. (2020). Human Rights Watch. https://www.hrw.org/sites/default/files/media_2020/12/kyrgyzstan1220ru_web.pdf

The Kyrgyz Republic guarantees access to education for persons deprived of liberty. There are six vocational schools in the system of vocational education at penitentiary institutions of the State Service for Execution of Punishments under the Ministry of Justice of the Kyrgyz Republic, which are educational institutions and provide training for convicts in new skills and professions. There are several areas of production on the territories of the institutions, where convicts are provided with jobs. The total number of trainees is 1,307 which is 13.5% of the total number of convicts, of whom 7.5% are women.

The limited access of convicts to education is due to the poor material base of these educational institutions - outdated equipment and dilapidated facilities, lack of teaching aids and materials, and the use of outdated methods and approaches in education¹¹.

Minors in conflict with the law (aged 11-14 years) can be sent to the Belovodsk Special Boarding School for minors in need of special conditions of upbringing, which has all the signs of a place of deprivation of liberty and is the only institution of this kind in the country. According to official government reports, the placement of children in this institution is assessed by authorized state bodies as an alternative punishment to imprisonment. The training is conducted according to the program of an ordinary general education school, teachers and educators of the boarding school did not undergo any training on working with children in conflict with the law or with children in difficult life situations.

The forms and methods of educational work with children

11 Czerwinski T., Koenig E., Zaichenko T. (Ed.). Youth and Adult Education in Prisons. DVV International. https://www.dvv-international.de/fileadmin/files/Inhalte_Bilder_und_Dokumente/Materialien/IPE/IPE_69_russ.pdf



sentenced to imprisonment do not provide for special educational work with juveniles held in educational colonies, which contradicts international standards.

In addition, graduates of such institutions are stigmatized in society, primarily in the educational system. The problem of stigmatization in the educational process is also characteristic of young people living with HIV/AIDS, drug addiction and other addictions, as well as LGBTQIA+. Medical staff becomes a source of disclosure of the status of children and their parents; kindergarten administrators refuse to allow such children to attend kindergarten; parents of healthy children do not allow their children to have contact with HIV-positive children¹².

The Law of the Kyrgyz Republic "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic" regulates the conditions of reception of ethnic immigrants, regulates the process of return of ethnic Kyrgyz to their historical homeland, ensures protection of rights and legitimate interests of immigrants, and creates conditions for their social and economic adaptation. Thus, Article 15 of the Law defines benefits, compensations provided to returnees enrollment in secondary, specialized secondary and higher educational institutions of the country, according to the allocated quota, which is determined by the Government of KR, provision of places in schools and pre-school institutions to those in need, studying state and official languages.¹³

Despite the benefits and quotas, according to the Migration Service of the Kyrgyz Republic, both returnee boys and girls rarely spend time and resources on studies - of the total number of more than 10,000 people with this status, only one-fifth receive education. Of these, 2,539 children receive school education and 1,459 returnee students study in HEIs.¹⁴

In the regions there are many cases where displaced children are not taken to school for far-fetched reasons, often on the grounds that they allegedly do not know the language. Some schools even set up separate classes for so-called equalization, in which children from first to sixth grades were taught in the same class. Such educational methods made them outcasts, and many teenagers dropped out of school and never studied again because of it.¹⁵

Getting education in HEIs is mostly a male privilege among ethnic Kyrgyz. Girls from returnee families rarely receive higher education. Those who have been educated before coming to the Kyrgyz Republic can attend higher education institutions, and there are very few such women. Most women get married right after finishing school, and child marriage is common¹⁶.

As for orphans, in the course of monitoring carried out by the Office of the Akyikatchy (Ombudsman) of the Kyrgyz Republic, it can be noted that almost all children of school age receive education

12 Needs and Demands of Women Living with HIV in the Kyrgyz Republic. (2017). http://www.ewna.org/wp-content/uploads/2018/08/prosvet_report_2017_rus.pdf

13 The Law of the Kyrgyz Republic No. 175 dated 26 November 2007 "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic". Accessed on 7 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/202209?cl=ru-ru>

14 "Behind a man as behind a stone wall": How Ethnic Kyrgyz Women from Displaced Families Live. (18 February 2021). Prevention Media, Accessed on 7 July 2021, <https://prevention.kg/?p=9718>

15 "Disenfranchised children of displaced persons: will they receive Kyrgyz citizenship?"; Kaktus Media, 21 January 2021. Accessed on 9 July 2021, https://kaktus.media/doc/430393_bespravnye_deti_pereselencev: polychat_lion_i_kyrgyzskoe_grajdanstvo.html

16 <https://prevention.kg/?p=9718>

in boarding schools. However, there is the problem of a shortage of teachers. Most often, there are not enough teachers in subjects such as: English, history, physics, computer science. As a rule, experienced teachers are not interested in such work due to low wages and difficult working conditions, therefore, most often young teachers are hired for "scarce" subjects¹⁷.

According to a survey conducted by USAID, **81.8%** of respondents answered that they had not experienced any difficulties when entering secondary education institutions. As for HEIs, **10.2%** of respondents indicated a number of problems that prevented them from obtaining higher professional education. They mentioned primarily financial difficulties, lack of knowledge, and problems with documents. Among the graduates of orphanages and boarding schools, those who received primary and secondary vocational education prevail. However, access to higher education is limited by the fact that the motivation of orphanage graduates to enter colleges and universities is reduced due to the limited financial situation¹⁸.

Sociological research provides data on the accessibility and relevance of educational services of different levels for vulnerable youth. In order to assess the level of accessibility of secondary education for vulnerable categories, respondents were asked to evaluate the accessibility by economic basis.

Diagram 4. School accessibility, %

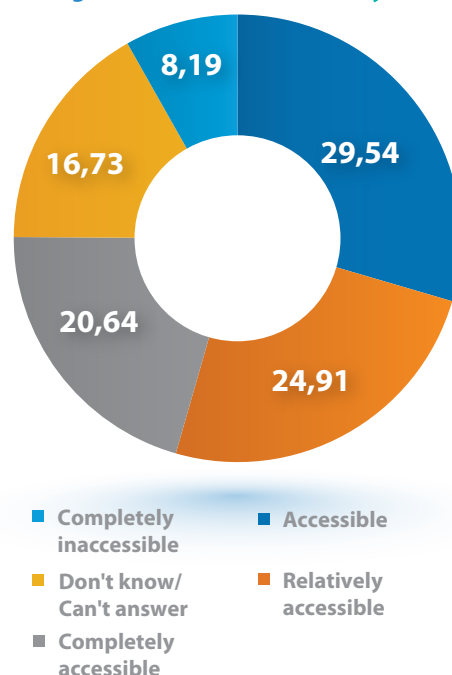


Diagram 4 demonstrates the opinion of the total number of respondents about the accessibility of school education. **20.64%** have noted that school education is fully accessible by economic indicators, **8.19%** are inclined to the opinion that school education is not accessible. **24.91%** of respondents do not know the answer to this question, the rest of respondents consider education accessible or relatively accessible, but at the same time have financial difficulties in the process of getting school education.

From this point of view, education has turned out to be the most accessible to respondents living in cities and suburbs (**64.2%** and **66.7%**, respectively) and the least accessible - to rural residents (**59.9%**). **5.5%** of rural residents, **3.9%** of suburban residents, and **1.9%** of urban residents consider education completely inaccessible.

Girls are less likely than boys to believe that school education is financially accessible. **59.9%** of girls have

17 Special Report of the Akyikatchy (Ombudsman) of the Kyrgyz Republic. Observance of the rights of children left without parental care. (2017). <https://ombudsman.kg/images/files/news/2018/specdokladi/Deti-bez-roditeley.pdf>

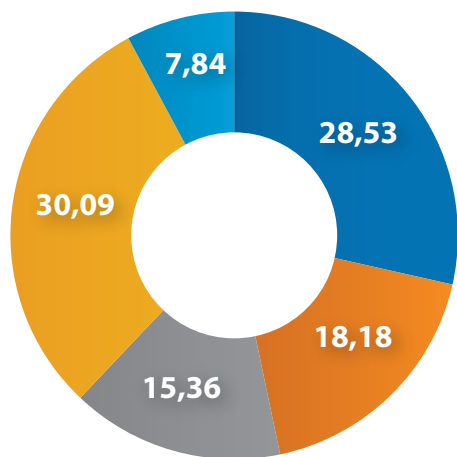
18 Jasa.kg, Graduates of orphanages in Kyrgyzstan: Assessment of rights and needs. (2015). <https://www.usaid.gov/sites/default/files/documents/1861>



agreed that education is accessible against **63.4%** of boys. At the same time, there is no statistical difference by gender among the respondents who have answered that school education is completely inaccessible.

In the specific group, the level of accessibility based on economic characteristics is estimated to be two times lower than in the main group.

Diagram 5. Accessibility of vocational education, %



- Completely inaccessible
- Accessible
- Don't know/Can't answer
- Relatively accessible
- Полностью доступно

Vocational education is generally considered accessible for economic reasons, although **30%** of the total number of respondents do not have accurate information on this issue. Taking into account only informed respondents, vocational education is accessible to **69.8%** of urban residents, **63.6%** of rural residents and **62.7%** of suburban residents. **4.1%** of

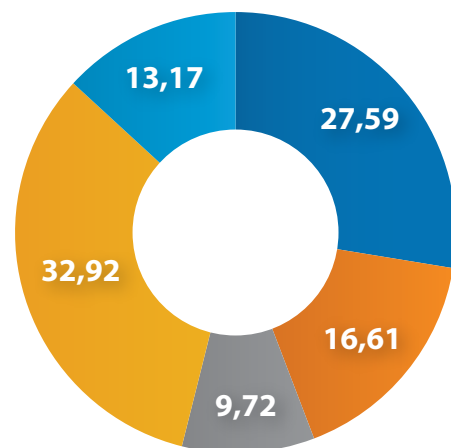
rural residents, **7.5%** of urban residents and **7.8%** of suburban residents consider such education completely inaccessible to them.

The level of assessment of accessibility of vocational education in terms of age of respondents is assessed in the same way, from 55 to **58%** of respondents in each age group answered this question positively – they have access to vocational education.

6% of girls vs. **3.5%** of boys consider vocational education completely inaccessible to them, while **67.4%** of girls vs. **60.6%** of boys consider it completely accessible.

In the specific group, young people living with HIV believe that vocational education is accessible only to **20%**. At the same time, **21%** of respondents - orphans, young people in conflict with the law, believe that vocational education is completely inaccessible.

Diagram 6. Accessibility of higher education, %



- Completely inaccessible
- Accessible
- Don't know/Can't answer
- Relatively accessible
- Completely accessible

The majority of respondents from the total number of those surveyed cannot answer the question whether higher education is accessible to them from a financial point of view. This response was given by **32.92%** of respondents, **13.17%** consider higher education completely inaccessible to them.

Accessibility of higher education is recognized by **56.6%** of urban residents, **60.8%** of rural residents and **72.5%** of suburban residents. At the same time, **13.2%** of urban residents, **7.4%** of rural residents and **5.9%** of respondents from the suburbs consider it completely inaccessible. In most cases, respondents note the difficulty of paying tuition fees. In particular, because of the COVID-19 pandemic, the economic opportunities of many families have plummeted, and among respondents there have been cases of expulsion due to non-payment of tuition fees.

The processing of statistical data on the accessibility of higher education among age groups revealed a tendency for its accessibility to decrease as the age of respondents increases. **9.5%** of respondents in the 25-29 age group consider it completely inaccessible compared to **7.5%** of respondents in the 14-17 age group and **6.5%** of respondents aged 18-24 years.

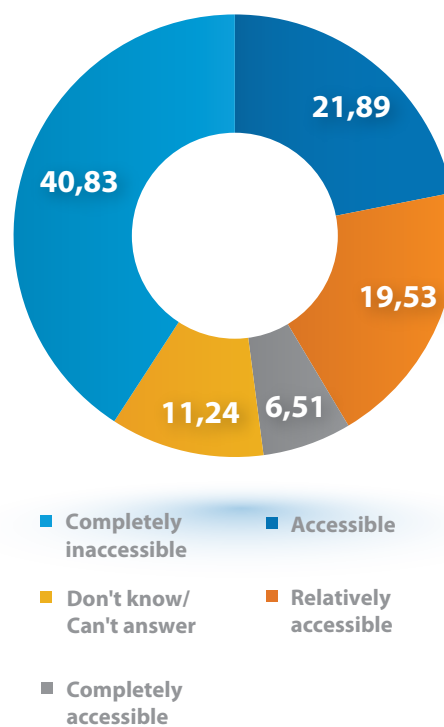
Girls consider higher education to be less accessible to them than boys (**9.8%** vs. **5.5%**). At the same time, it is fully accessible to **61.8%** of girls and **58.3%** of boys.

In the specific group **72.7%** of urban residents, **4.5%** of suburban residents and **22.7%** of rural residents have said that higher education is accessible to them. Higher education is accessible to **45.5%** of men and women and **4.5%** of gays and lesbians, at the same time it is

completely inaccessible to **53.3%** of men. For **21%** of respondents-orphans higher education remains completely inaccessible.

The level of assessment of the accessibility of higher education in terms of age demonstrates that **68.2%** of respondents aged 18-24 have noted that higher education is accessible to them, while it is not accessible to **53.8%** of respondents in this age category and **38.5%** respondents aged 25-29 years.

Diagram 7. Physical accessibility of schools, %

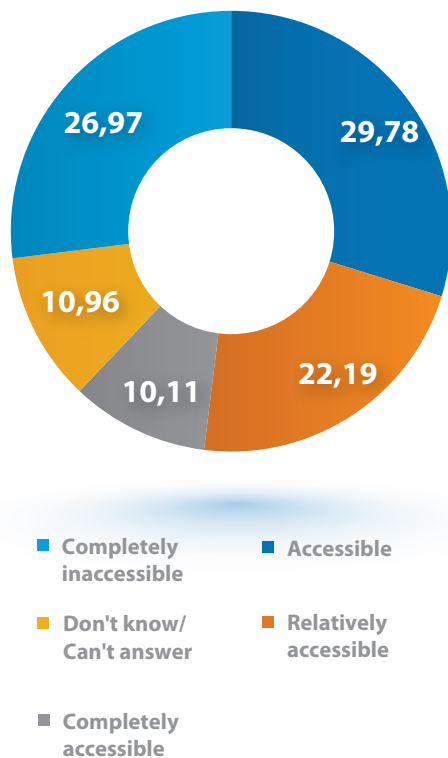


40.83% of respondents from vulnerable groups of young people considered schools completely physically inaccessible, and only **6.51%** reported complete physical accessibility. Physical accessibility is understood as the presence of special infrastructure for persons with disabilities, which includes ramps, availability of wide elevators, equipped sanitary facilities, etc. **90%** of respondents living with HIV infection believe that schools are completely physically inaccessible. In addition, young people with disabilities have noted that transportation

infrastructure is completely inaccessible to them and does not take into account their capabilities, in rural areas the gap is much higher.

Schools are physically inaccessible to **28.3%** of persons with disabilities in the urban areas, **28.1%** in the rural areas, and **21.6%** in the suburban areas. At the same time, they are fully accessible to **43.4%** of urban residents, **52.1%** of rural residents and **60.8%** of suburban residents. For the rest, respondents from this category schools are relatively accessible. Physical accessibility of schools does not depend on gender of respondents, representatives of different genders have evaluated it relatively the same.

Diagram 8. Transport accessibility of schools, %



Only **29.78%** of respondents have stated that transport accessibility of schools

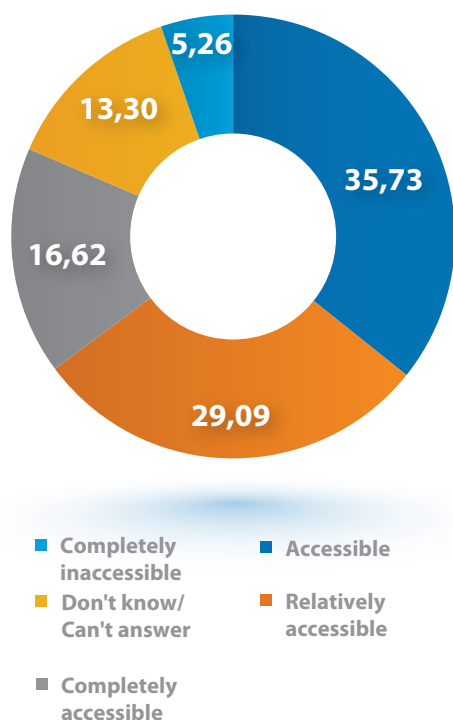
is absolutely satisfactory, and **29.97%** - completely unsatisfactory. At the same time, transport accessibility of schools remains the biggest problem for rural areas. **20.5%** of rural residents assessed transport accessibility as unsatisfactory against **11.3%** of urban residents and **9.8%** of suburban residents. In other cases, schools are accessible or relatively accessible.

Males more often than females experience transport difficulties on the way to school or when transporting children, **19.7%** of males versus **17.5%** of females indicated transport accessibility as unsatisfactory. At the same time, **32.3%** of females and **29.1%** of males have stated that school education is fully accessible to transport. Opinions about the transport accessibility of vocational education do not differ from assessments regarding the accessibility of schools. At the same time, the results of a sociological survey demonstrate that the transport accessibility of higher education is assessed at a higher level. From 35 to **40%** of respondents from all groups consider it absolutely accessible, and only about **5%** - inaccessible from a transport point of view. According to the answers to additional questions, this opinion is associated with the fact that respondents are ready for the fact that the transport accessibility of HEIs will be less than the transport accessibility of schools, respectively, the greater distance does not give them much discomfort.

It should be noted that the COVID-19 pandemic has had a significant impact on the accessibility of education. Despite the fact that during 2020 distance education has been actively developing in the country, only **26.2%** of respondents have similar experience, and respondents from rural areas and suburbs are more familiar with this form of education

than city residents (26.5% and 29, 4%, respectively, against 18.9%). In general, respondents are satisfied with this form of education, only 7.6% of respondents have indicated that they are either not satisfied or completely dissatisfied with studying at home. The reason for this is the poor provision of educational materials, the inability to communicate with classmates, as well as the need to wait for teachers who do not appear on time for online classes. Respondents noted that it was difficult for them to study without teachers, to organize self-control, often classes were organized rarely (once a week), in some cases respondents were faced with a negative attitude of the teacher to the form of education, which he/she transformed to students.

Diagram 9. Content accessibility of secondary education, %



Respondents positively evaluated the accessibility of the content of school educational programs. Only 5.26% of respondents have noted that

the programs are not understandable. At the same time, 16.62% of respondents consider them fully accessible, and 13.3% have found it difficult to answer. The rest of respondents assess the content of school programs as accessible and relatively accessible. Comparative analysis of the content accessibility of school programs by place of residence, age and gender differs insignificantly in comparison with the results of studying the opinions of the total number of respondents (the delta of discrepancies does not exceed 1.5%). A quarter of respondents believe that a school is not sufficiently provided with modern educational materials, 31.9% admit that it is average, and the rest of respondents assess the level of provision with educational materials positively. It should be noted that urban residents are more often dissatisfied with the level of provision of modern educational materials. 35.8% of urban residents are dissatisfied with the available base, while in the village this figure is 18%, and in the suburbs - 19.6%.

In the specific group, 70.3% of respondents from cities, 2.7% from suburbs, and 27% from villages have reported that the content of school educational programs is accessible. While 75% of urban respondents and 25% of rural respondents indicated that the content was not accessible. Also, 2.7% of bisexual people, 2.7% of gay people, 40.5% of women, 51.4% of men, and 2.7% of transgender people have stated that school content is accessible. Content is least accessible to men - 29.2% and inaccessible equally to men and women - 50%.

The content of vocational education programs is also considered to be accessible, but it should be noted that 32.5% of respondents have found it difficult to answer this question, as they



have never studied in vocational lyceums and colleges and have not studied the issue of accessibility of educational programs. Similar indicators are observed for the accessibility of the content of higher education programs, but in this case there is a difference by gender. **33%** of females vs. **29.9%** of males describe higher education programs as absolutely accessible. At the same time, **3.5%** of females against **2.9%** of males consider these programs absolutely inaccessible. It should be noted that respondents do not link the quality of teaching with the level of technical equipment of educational institutions. For example, respondents assess the level of computer equipment in schools as satisfactory, and only **24.7%** have expressed a negative opinion on this issue. **8.9%** of respondents have negatively assessed the level of equipment of the institutions of vocational education, and **3.9%** have considered the level of provision of HEIs as insufficient.

The level of assessment of the provision of vocational and higher education with modern educational materials does not differ significantly from the assessment of the level of provision of secondary education.

In general, respondents assess the level of training of teachers positively, recognizing it as satisfactory at all levels of education.

The study of awareness of different levels of education demonstrates that respondents are better informed about school and vocational education than about higher education. More than **40%** of respondents indicate that they have no information about higher education, as they have not considered it for themselves. At the same time, rural residents are more informed about

vocational education than residents of cities and suburbs. This figure was **33.2%** vs. **22.6%** and **23.5%**, respectively.

Awareness of higher education is approximately equal in urban, rural, and suburban areas. Also, there are no significant variations by age of respondents or their relation to vulnerable groups. However, males are more informed about higher education, this indicator is **87.4%** vs. **71.9%** for females.

Despite the high level of awareness, only **20.3%** of respondents have or are getting a higher education. **15.9%** have or are getting a vocational education. **59.7%** of respondents said that school education was sufficient to continue their education, **17.24%** used the help of family and friends, **16%** received help from the management of educational institutions, and only **3.44%** used education quotas for persons with signs of vulnerability.

Among the reasons why young people do not receive a secondary education, lack of financial means is the highest (**26.3%**), with rural and urban residents suffering roughly equally from lack of financial means (**25.4%** and **28.1%**, respectively), when only **11.8%** of suburban residents cited a lack of money as the main reason for not attending school.

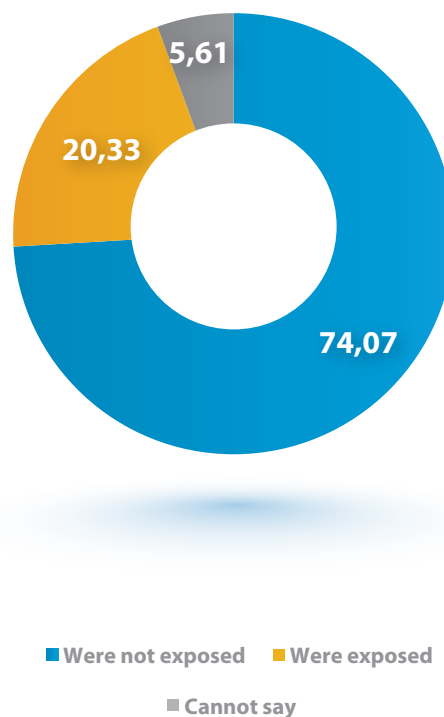
The second most frequently cited reason for not attending school was household duties. This opinion was expressed by **17.3%** of respondents. In the city this figure is **13.2%**, in the village - **15.7%**, and in the suburbs - **35.3%**. At the same time, in terms of gender, household duties are more often an obstacle for males than for females. This opinion was expressed by **18.5%** of males against **16.1%** of females.

15% of respondents do not know why exactly they have not attended or do not attend school. For 4.8% the barrier is the inaccessibility of special schools for PWDs, for 3.2% the lack of documents, 3% are denied enrollment for health reasons, and 1.1% cannot attend school due to lack of infrastructure for PWDs.

Among the difficulties that respondents encountered in the process of obtaining vocational or higher education, the first place is occupied by financial difficulties (payment for the contract form of education), second place by difficulties in choosing a profession, third by the remoteness of educational institutions, fourth by a lack of documents or insecurity, fifth by a low ORT score (low quality of training in school), and last - by a lack of information about HEIs and professional lyceums and colleges. At the same time, only 27.1% of respondents were able to apply in practice the knowledge obtained in vocational or higher education institutions.

In this specific group, the poor financial situation of the family is also the main barrier to education. 73.1% of respondents indicated financial difficulties as the main barrier to education, (7.7% of respondents from suburbs and 19.2% from villages). In second place are household duties. Also the problem of lack of public transportation was noted for the suburbs and villages. In addition, respondents with HIV status noted that household duties were in the first place (50%) and then the financial capacity of the family 20%. In addition, young people living with HIV reported insecurity as one of the difficulties in entering HEIs.

Diagram 10. Level of exposure to bullying and discrimination, %



20.33% of respondents were exposed to bullying and discrimination, 74.07% were not exposed, and 5.61% found it difficult to answer. At the same time, urban residents are most often exposed to bullying and discrimination - 37.7% of respondents answered positively to this question. Residents of rural areas were least likely to be exposed to bullying and discrimination - 32.5%. In the suburban environment 37.7% of respondents are exposed to bullying and discrimination.

Young people aged 18-24 years are more often exposed to discrimination than representatives of other age groups. The rate of exposure to discrimination is 38.3% compared to 26.4% in the younger group (14-17 years) and 37.3% in the older group (25-29 years). Males are more likely to be bullied and discriminated against than females. 35% of males reported experiencing discrimination compared



to **32.3%** of females. An overwhelming number of respondents who were exposed to bullying and discrimination experienced it in school (**82.75%**). The sources of bullying and discrimination in most cases are classmates (**51.7%**), with teachers in second place (**27.6%**), and the level of bullying among teachers is higher in rural areas. Only **1.1%** of respondents had experienced discrimination from the administration of educational institutions, while the rest had other experiences unrelated to educational institutions.

Psychological pressure and ridicule are the leading forms of bullying and discrimination (**74.7%**). At the same time, **15.5%** were mocked and taunted because of their appearance. A quarter of respondents who were victims of bullying and discrimination were physically assaulted, and another quarter were extorted. The rest were victims of threats and obstruction. It was observed by interviewers that the term "bullying" is perceived as something that happens and is normalized in schools. If it happens partially or not "a lot" according to respondents, it might not even be considered bullying.

An evaluation of the data on bullying and discrimination in the specific group found that **32.9%** of respondents had experienced bullying/discrimination, while **56.9%** had not. Among respondents who answered this question, virtually all bisexual, gay, lesbian, and transgender groups among respondents had experienced bullying in an educational setting. Among respondents who responded positively to the question about bullying, **42.2%** were females and **30.8%** were males, and **7.7%** were people of a different gender identity.

Among the places where respondents experienced bullying, most respondents mentioned school (**8.7%** gay, **43.5%** female, **4.3%** lesbian, **30.4%** male). **91.3%** of urban respondents also mentioned school and bullying by classmates (**81%**). Young people with HIV status reported experiencing bullying more often than respondents in the other groups (**60%**), and not only at school, but also in other settings.

In general, it should be noted that educational services are limitedly available to vulnerable youth. Traditional stereotypes and psychological barriers, as well as insufficient organization and preparedness of the education system for inclusion and comprehensive meeting the educational needs of vulnerable groups play a leading role in these limitations.

ACCESS TO INFORMATION AND INFORMATION PLATFORMS

Access to information and information platforms is one of the basic human rights enshrined in the Constitution of the Kyrgyz Republic and international normative documents ratified by the Parliament of the country. Moreover, access to information and digital services for vulnerable groups of population, as well as expanding youth access to digital services, is an important component of the Digital Transformation Concept "Digital Kyrgyzstan 2019-2023"¹⁹.

Despite the fact that the vast majority (**74.9%**) of young people use mobile devices on a daily basis and for the majority (**62.1%**) of young people mobile services are available, **65.4%** of the youth surveyed believe that educational institutions do

19 Digital Transformation Concept "Digital Kyrgyzstan 2019-2023". Ministry of Digital Development of the Kyrgyz Republic. Accessed on 7 July 2021, <http://ict.gov.kg/index.php?r=site%2Fsanarip&cid=27>

not provide all the necessary technical skills, and every fifth young person (19.25%) is not satisfied with the state of ICT in the Kyrgyz Republic ²⁰.

According to the expectations of state and non-state institutions, as well as independent experts, the development of digital skills and confidence and safety on the Internet can significantly improve the access of vulnerable youth to information about their rights, training and employment opportunities, civic and political participation, reproductive health and other important topics.

Documentary analysis shows that the relative majority (42%) of internal migrants have never received information about the availability of housing in the place of arrival, living conditions, rules of official registration, availability and conditions of work, access to educational institutions in the new place. Before moving the potential internal migrant is most informed about the availability of housing at the new place (49.4% knew it) and living conditions (40.6%). Awareness of job availability, working conditions, and access to educational institutions reached 26-28% before the move. Internal migrants were least aware of the rules of official registration at the place of stay before they moved. Every third internal migrant does not know where to go in case of problems with access to education²¹.

48% of the interviewed internal migrants did not know where to complain about poor

medical care. Most often respondents said that it was necessary to address complaints to the head doctor of the medical institution and to the Ministry of Health.²²

According to the requirements of Article 41 of the Law of the Kyrgyz Republic "On the Rights and Guarantees of Persons with Disabilities," the state is obliged to provide persons with disabilities with information materials in an accessible format. The law stipulates that at least one national channel must broadcast programs with sign language interpretation, as well as all websites of state and municipal agencies must be provided with elements of accessibility. At the moment, many websites of departments and ministries do not meet the standards of accessibility for users with visual impairments. This is evidenced by the feedback and comments of blind and visually impaired people, among whom a survey was conducted by the social center "Equal Opportunities". According to the users themselves, they have to install special screen readers and software to read the information on a particular site. "Toktom" NLAs database contains many buttons and elements that are not voiced. Now the elements of accessibility are present only on the websites of the Ombudsman, the Ministry of Education and Science, as well as on the website of the Jogorku Kenesh of the Kyrgyz Republic. Currently the websites of state-guaranteed legal aid under the Ministry of Justice of the Kyrgyz Republic, as well as the Ministry of Health and Social Development of the Kyrgyz Republic are adapted for free use by blind and visually impaired citizens within the project of UNDP and the Ministry of Foreign Affairs of Finland "Towards

20 Youth Wellbeing and Development Index. (2017). Institute for Youth Development of the Kyrgyz Republic. <https://www.unicef.org/kyrgyzstan/media/1861/file/Youth%20Wellbeing%20and%20Development%20Index%20in%20Russian.pdf.pdf>

21 Internal Migration in Kyrgyzstan: barriers and ways of social mobility. (2019). <https://kyrgyzstan.iom.int/sites/kyrgyzstan/files/publication/%D0%92%D0%9C%20%D0%B2%D0%B5%D1%80%D1%81%D1%82%D0%BA%D0%B0%202019.pdf>

22 Ibid.

Sustainable Access to Justice for Legal Empowerment in the Kyrgyz Republic"²³.

The results of the USAID survey of orphanage graduates show that only **27%** of all respondents are well aware of the possibilities for receiving state support, **50%** "have heard about it, but have a vague idea" and **23%** "have not heard anything about it". **42%** of respondents mentioned several public associations, and almost none of all respondents mentioned authorized state agencies and local authorities, except for two respondents who mentioned the police and a hospital. Thus, more than half (**56.8%**) of respondents do not know who they can turn to for support²⁴.

In the STI situation assessment conducted for UNFPA, the target populations were most aware of the risk of sexual transmission of four infections: HIV, syphilis, gonorrhea, and trichomoniasis (**72%-99%**). For the other infections listed, up to **81%** of respondents either gave

²³ Access to information is a fundamental human right. (17 December 2020). Social center "Equal Opportunities". <https://fp.kg/2020/12/17/322-copy-copy-5-copy-copy/>

²⁴ <https://www.usaid.gov/sites/default/files/documents/1861/%20детских%20домов%20Кыргыз-стана.%20Оценка%20прав%20и%20потребностей%20Публикация.pdf>

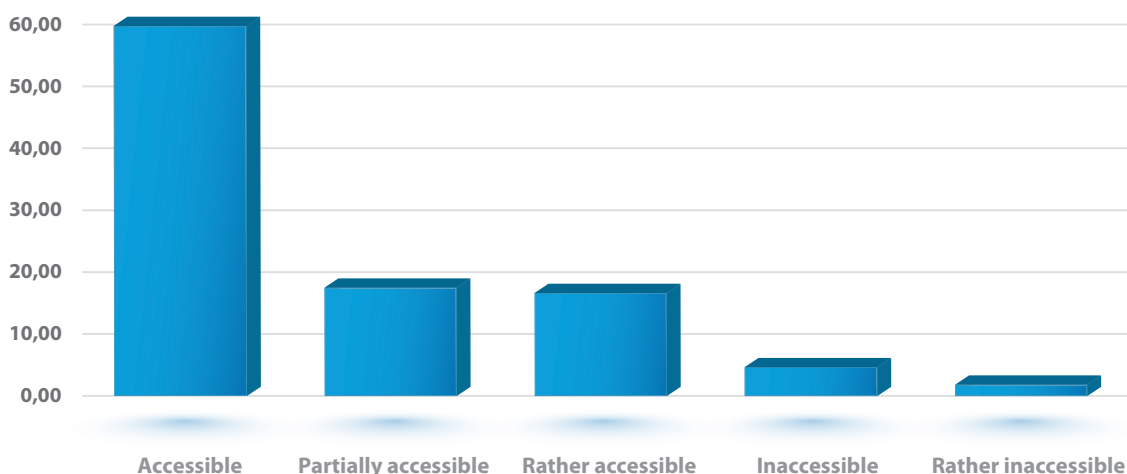
an incorrect answer or reported never having heard of the disease.

There is a low level of knowledge among representatives of key populations, who can correctly indicate ways of preventing sexual transmission of HIV and refute the most common misconceptions about HIV transmission. Among key populations, the level of knowledge among MSM prevailed compared to PWID and SW, although it was also relatively low (**51%**).

The level of accessibility of information on rights and vital topics for convicts is debatable, since the only juvenile correctional facility does not have a legal opportunity to use the Internet and get free access to information. The printed information base is also insufficient. The level of access to information for returnees has not been assessed.

The data from the sociological survey conducted as part of this study describe the state of access to the Internet for young people from vulnerable groups and determine the level of obtaining information on the above topics from the global network.

Diagram 11. Internet accessibility, %



According to the survey, **59.69%** of respondents are confident in their access to the Internet, for **17.43%** it is partially accessible, for **16.56%** - rather accessible, for **4.58%** - rather inaccessible, and Internet access is unavailable for **1.74%** of respondents.

The Internet is more accessible to males than to females. **7%** of females versus **3.9%** of males have reported that the Internet is either inaccessible to them or rather inaccessible. The Internet is partially accessible or rather accessible to **33.3%** of females and **28.3%** of males. Also, respondents in the youngest age group (**58.7%**) reported the greatest accessibility of the Internet for themselves. This figure drops to **47.5%** as the age increases.

According to the criterion of residence, the Internet is more accessible to urban residents (**69.8%**), as well as suburban residents (**56.9%**). It is least accessible in rural areas (**49.1%**).

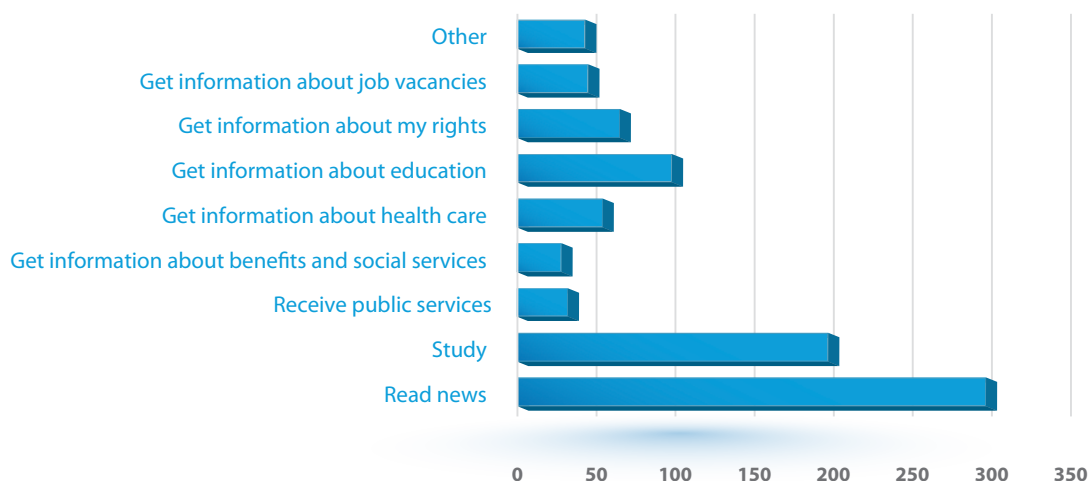
In the specific group, **86%** of respondents rated the level of Internet accessibility as accessible. Rather accessible to **7.5%**, inaccessible to **3.8%** and rather inaccessible

to **1.2%**. At the same time, rather accessible and inaccessible were noted by rural residents. By place of residence, the Internet is also more accessible to urban residents (**77.9%** vs. **5.9%** in the suburbs and **16.2%** in the villages). There are no differences by gender.

95.9% of respondents use smartphones to access the Internet, **1.59%** use laptops, **0.9%** use desktop computers, and **0.45%** use tablets. **1.1%** use more than one device at a time. **94.9%** of respondents in the specific group also use a smartphone to access the Internet, **4%** use a laptop and **2.3%** use a tablet. At the same time **94.9%** of respondents noted that they own a device to access the Internet, **2.4%** borrow a device from friends and **1.2%** from parents.

75.85% of respondents own the means of access to the Internet, **15%** of this means are provided by parents, **2.9%** use school equipment, **2.3%** borrow gadgets from friends and another **2.9%** of respondents use the equipment of employers or relatives. Males more often than females own the means of access to the Internet (**68.9%** vs. **60%**).

Diagram 12. Purpose of using information resources, respondents

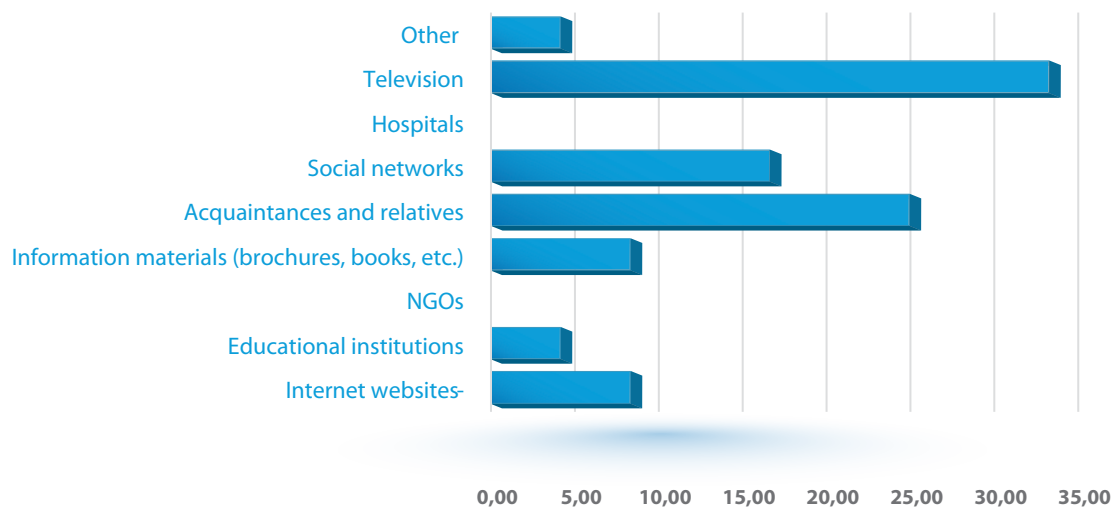




The vast majority of respondents read news on the Internet, the second most popular purpose of using the global network is to study and find information about education, then to get information about their rights, about health care and to search for jobs. Other purposes of using the Internet are work and entertainment.

Respondents in the specific group also mostly use the Internet to read the news (24%), followed by 15.1% who use the Internet to study and 16.4% who chose "other," indicating entertainment, social networks and personal use.

Diagram 13. Sources of information about rights, %

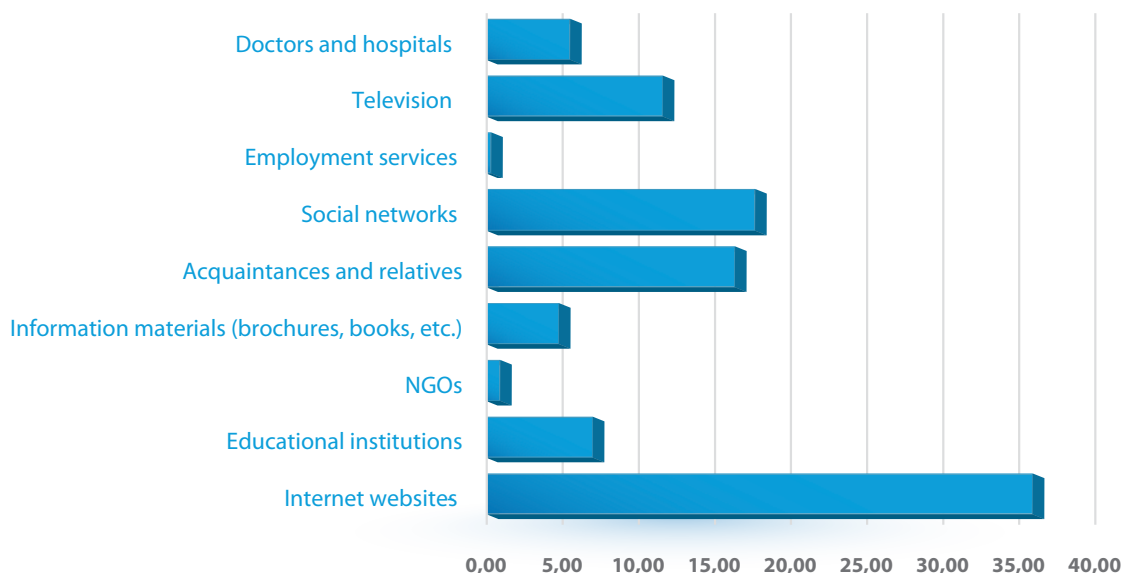


Despite the claimed process of digitalization and the high popularity and accessibility of the Internet, television remains the main source of information about the rights, even for young people (33.33%), in second place are acquaintances and relatives (25%), social networks are popular with 16.67% of respondents, 8.33% prefer reading printed information materials and studying topical websites, 4.17% receive information about rights in educational institutions, and another 4.17% prefer other sources. None of the respondents mentioned NGOs and hospitals as sources of information about rights. This distribution of answers indicates that 41.67%

of young people get information about rights from unreliable sources (relatives, acquaintances, social networks).

For respondents from the specific group, the main sources of information about rights are informational materials - brochures and books, social networks, hospitals and television (13.9%). Next in relevance are Internet websites and acquaintances/relatives (12.6%) and less popular sources are educational institutions (5%), NGOs (6.3%).

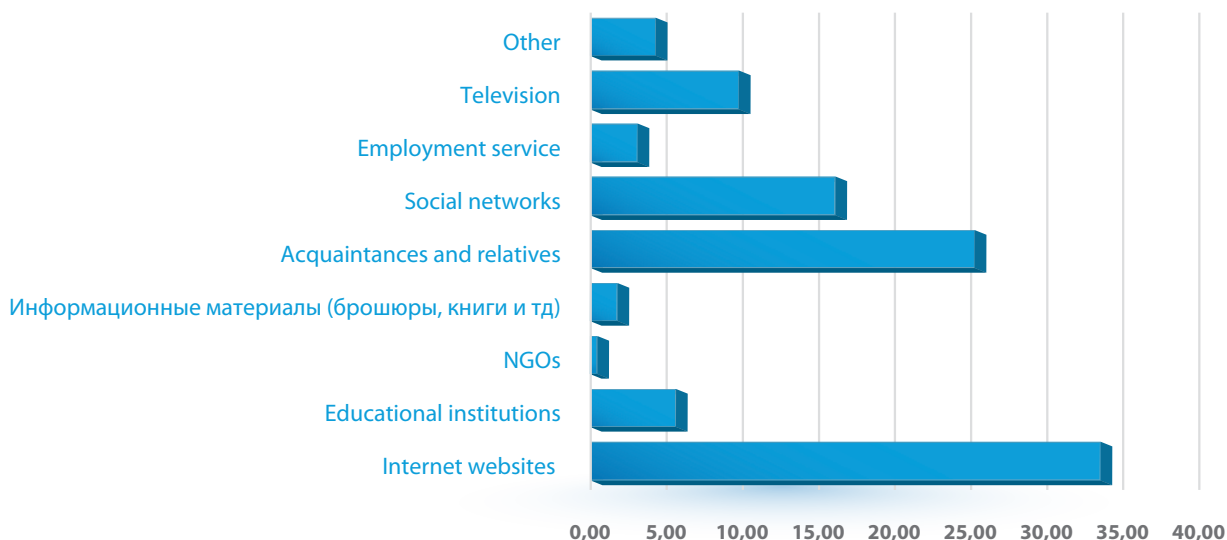
Diagram 14. Sources of information about health, %



35.96% of respondents receive health information from the Internet, 17.68% from social media, 16.34% from acquaintances and relatives, 11.59% from television, 6.98% from an educational institution, 5.5% receive information from doctors and health professionals, 0.89%; from NGOs, and 0.3% from employment services.

Respondents in the specific group overwhelmingly get health information from Internet websites (23.1%). Social networks are in second place (22.7%), followed by acquaintances and relatives (20.2%), and NGOs (13.9%). The least common sources of information are educational institutions (8.8%), television (7.5) and information materials (3.8%). None of the respondents cited hospitals or health care workers as a source.

Diagram 15. Sources of information about employment, %



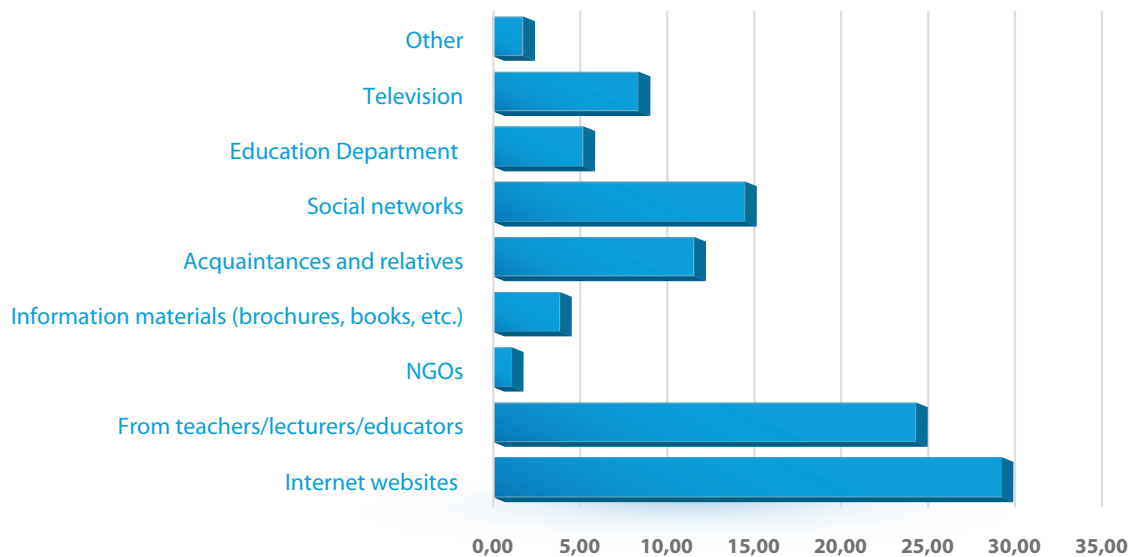


As for employment issues, the leading information is information from the Internet (33.58%), second place is occupied by information from acquaintances and relatives (25.3%), 16.12% receive such information from social networks (16.12%), television takes 9.76% of answers, educational institutions – 5.62%, employment

services – 3.11%, informational printed materials – 1.78%, NGO – 0.44%.

In the specific group, information from Internet websites also leads (31.6), followed by information from acquaintances and relatives (29.1%), from social networks (24%), from NGOs (7.5%), from educational institutions (5%), from TV (2.5%), from the employment service (1.2%).

Diagram 16. Sources of information about education, %



29.29% of respondents get information about education from the Internet, 24.37% from teachers, 14.51% from social networks, 11.58% from relatives and acquaintances, 8.39% from TV, 5.19% from the education department, 1.07% from NGOs, and 1.73% from other sources.

Preferences for information about rights, health, employment, and education are independent of location, gender, and age.

34.1% of respondents in the specific group get information about education from teachers, 29.1% from social networks, 26.5% from Internet websites, 12.6% from relatives and acquaintances, 4.5% from NGOs, 3.8% from the education department and from TV.

When asked how useful the information they received was, 40.8% responded that the information was useful and understandable, while 0.7% considered the information useless and incomprehensible.

51.9% of respondents in the specific group responded that the information they received was useful and understandable, while 1.2% thought the information received was useless and incomprehensible.

Despite all the efforts of society and the state to introduce informatization and digitalization in all spheres of life, young people prefer to get important information from traditional sources, even at the expense of its reliability. The exception is the education system, which has managed to compete with unreliable sources (relatives, acquaintances, social networks) due to the fact that a teacher is close to the youth and is in the orbit of their attention. Obtaining information from the Internet is very popular. At the same time, it should be noted that it is not always accessible to persons with disabilities. Only **69.9%** of respondents have answered that they can use information on official websites, because it is adapted for the visually impaired.

ACCESS TO HEALTH CARE AND RELATED SOCIAL SERVICES

Improving the quality of healthcare services is one of the most important objectives of the Sustainable Development Goals²⁵. Under Sustainable Development Goal 3, Good Health and Well-Being, Target 3.8, to achieve universal health coverage, refers to access to health services that are safe, effective, and acceptable to all people and communities.

The healthcare system of the Kyrgyz Republic is a model inherited from the former Soviet system. It has an extensive network of health care facilities, and as a result, public access to them is relatively high. However, in general, the system is inefficient and may be detrimental to the regulatory function.

Difficulties in the national economy have created problems that are also significant

for the health sector. Health expenditures from GDP and the overall state budget have been reduced. Taxes remain the main source of funding, but some amount is also received through paid services, while unofficial payments in the field continue to grow. **74%** of limited resources are used by hospital services, while major problems at the primary health care level are not being addressed. In addition, the geographic distribution of resources is uneven across oblasts and does not correlate with their needs²⁶.

This situation in the health care system persisted for years and carried a particularly dangerous potential for persons with disabilities and members of vulnerable groups due to insufficient funding and stigmatization of certain groups in the health care system. The COVID-19 pandemic has exacerbated health care system-wide problems, worsened the economic situation, and reinforced the constraints previously faced by vulnerable groups.

As in the case of education, the lack of documents and residence registration limits access of migrants' children to health services²⁷. The absence of parents leads to a number of psychological problems for children, who are forced to perform heavy household duties and have limited free time, which in turn affects their health status. A study by Emil Nasritdinov and Nate Shenkan has found that children raised by grandparents in the absence of their parents are "more

25 Sustainable Development Goals. UN.org. Accessed on 8 July 2021, <https://www.un.org/sustainabledevelopment/ru/sustainable-development-goals/>

26 National Program of Reform of the Health Care System of the Kyrgyz Republic "Manas" (1996-2006). Ministry of Justice of the Kyrgyz Republic. Accessed on 8 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/35349>

27 Analysis of gaps in access to basic services for children affected by migration in Kyrgyzstan. (2020). <https://www.unicef.org/kyrgyzstan/media/6761/file/ANALYSIS%20OF%20GAPS%20IN%20ACCESS%20TO%20BASIC%20SERVICES%20FOR%20CHILDREN%20AFFECTED%20BY%20MIGRATION%20IN%20KYRGYZSTAN.pdf>



likely to be sent to traditional healers than cured with modern medications" if they fall ill, and distant relatives with whom children live are more likely not to notice that they have health problems²⁸.

Adolescent girls who are abandoned by their parents have difficulty accessing safe abortions because they need parental consent if they are under 18 years old. In such situations, there is a risk that girls will seek out unsafe abortion procedures to avoid judgment and stigma. Many abandoned adolescent girls lack knowledge about family planning and reproductive health because their mothers are away and they do not discuss such topics with their caregivers²⁹.

Persons with disabilities encounter, first and foremost, bureaucratic difficulties. The norms of the NLAs were constructed in such a way that it was necessary to conduct a review of disability groups either annually or every two years. Prior to the MSEC, persons with disabilities are examined by doctors from the FMC and are referred for examinations, which are expensive, and then to inpatient treatment. The MSEC, for its part, also began to demand other regulated procedures. All of this greatly affects sick people and delays the process of certification. PWDs have to pay bribes to speed up the process. According to Danaker's research, **56%** of those surveyed paid bribes at FMC, **67%** in hospitals, and **100%** in the MSEC³⁰. In 2020, an amendment was made to the Decree of the Government

of the Kyrgyz Republic "On Medical and Social Examination", which included the procedure for re-examination in absentia, if a person cannot appear for examination at the MSEC for health reasons, lives in a remote or hard-to-reach area, is undergoing treatment outside the KR, but can provide documents to the commission. It is only possible to undergo a re-examination in absentia, as new standards apply to a limited range of diseases.

The second most important problem is insufficient staffing and the low level of professional training of staff, which affects the quality, accessibility and adequacy of services for persons with disabilities. There is a catastrophic shortage of surdologists and other specialized specialists³¹.

PWDs also face significant limitations when undergoing individual rehabilitation programs (IRP). The norm about individual rehabilitation programs is often declarative, since medical experts are unable to create an effective rehabilitation program due to an inaccurate examination of health based only on a medical diagnosis and fragmented social assistance measures due to the small choice and insufficient volume of social services at the place of residence and rehabilitation services (medical, social).

The State Guarantees Program (SGP) is also often unavailable. The following diseases were included in the list of diseases for receiving benefits under the SGP: acute heart attack, tuberculosis, bronchial asthma, terminal cancer, mental disorders (schizophrenia and affective disorders), epilepsy, diabetes and hemophilia, and others. However, many diseases from the list (such as peptic ulcer disease, bronchial asthma,

28 Women and children from Kyrgyzstan involved in migration are the most vulnerable groups. (2016). <https://www.osce.org/files/f/documents/4/1/343821.pdf>

29 Alternative report to the fifth periodic report of the Kyrgyz Republic to the committee on the elimination of all forms of discrimination against women (cedaw) (2019). https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjdvrrnqb3xAhXSHXcKHZgZB4kQFjAJegQIDRAD&url=https%3A%2F%2Fbinternet.ohchr.org%2FTreaties%2FCEDAW%2FShared%2520Documents%2FKGZ%2FINT_CEDAW_ICO_KGZ_42189_R.docx&usq=AOvVaw0aG35r-S5naPiHkvbm1qS9

tuberculosis, HIV, diabetes mellitus) are not critical today, and they need to be excluded from the SGP in order to free up resources to support vulnerable segments of the population. In psychiatry, funds are allocated only for 3-4 drugs for 2-3 nosologies for a couple of quarters a year. As for oncology, the SGP provides resources only for pain relief in the fourth stage, although the absence of anesthesia is equivalent to torture" ³².

Also, a serious problem affecting the accessibility of medical services for vulnerable categories is the purchase of expensive drugs from affiliated pharmaceutical companies, although there are dozens of times cheaper analogues on the local and available international drug market. Doctors sometimes prescribe not those drugs that are on the List of Vital Drugs, but those that are lobbied by pharmaceutical companies³³.

Persons deprived of their liberty also experience serious restrictions on access to health care.

A 2018 study by the Office of the Ombudsman on prisoners' access to medical services showed that the most common diseases in penitentiary institutions are diseases of gastrointestinal tract (GIT) - stomach ulcers, gastritis, cholecystitis, hepatitis C, cirrhosis of the liver, urolithiasis and cholelithiasis, as well as hypertension and hemorrhoids³⁴.

Human Rights Watch reports show that prison authorities do not provide prisoners with access to appropriate medical care, including medication. Human rights organizations reported that the government did not provide prisoners and prison staff with personal protective equipment during the COVID-19 pandemic.³⁵

Another problem is the lack of meaningful opportunities for correctional medical staff to receive appropriate additional training and to improve their qualifications. Further complicating the situation is the fact that the legal acts used in prisons are not consistent with current clinical guidelines/protocols and the principles of evidence-based medicine.

In addition, the medical service of the CC, organized according to the departmental principle, is subordinated to the administration of the SSEP and is responsible for all treatment and preventive measures carried out in the penitentiary system. That is, the medical service of the SSEP is practically not connected with the civilian health sector and operates in parallel with the general health care system³⁶.

Access to HIV services is also considered particularly difficult for mobile populations (migrant workers), especially in terms of access to ongoing treatment. Access to HIV services is relatively easier for: (a) gay

32 "State guarantees program for the elite: do benefits for persons with disabilities work in Kyrgyzstan?". (2020). Cabar Asia. Accessed on 9 July 2021, <https://cabar.asia/ru/programma-gosgarantij-dlya-izbrannyh-rabotayut-li-igoty-dlya-lovz-v-kyrgyzstane>

33 Ibid.

34 Special Report of the Akyikatchy (Ombudsman) of the Kyrgyz Republic "Observance of the rights of children in conflict with the law". (2018). <https://ombudsman.kg/images/files/news/2018/specdokladi/detizzakon.pdf>

35 Kyrgyz Republic human rights report. (2020). <https://kg.usembassy.gov/wp-content/uploads/sites/190/kyrgyz-republic-2020-human-rights-report.pdf>

36 "The Office of the Ombudsman of the Kyrgyz Republic has completed a study on the access of convicted persons to health care". (15 March 2019). Akyikatchy (Ombudsman) of the Kyrgyz Republic. Accessed on 9 July 2021, https://ombudsman.kg/index.php?option=com_content&view=article&id=855:the-institution-of-the-ombudsman-the-cd-has-completed-a-study-on-the-access-of-convicted-persons-to-health-care&catid=18&lang=ru&Itemid=330



and bisexual men and other men who have sex with men (unless they disclose their sexual orientation), although this meant that they could not access comprehensive sexual health services except through private health clinics, (b) prisoners, and (c) people who inject drugs, except for opioid substitution therapy (OST) services³⁷.

The study "Identification of Needs and Demands of Women Living with HIV in the Kyrgyz Republic" by the Public Foundation "Prosvet" revealed a number of barriers for women to receive gynecological services, the main ones being stigma and discrimination on the part of medical workers, fear of disclosure of status. The state guarantees free medical care to PLHIV, but many women are intimidated and discouraged by the condition of disclosing their status to a doctor, so they prefer to be served in private gynecological clinics, despite the very high prices for services.

Specific services, the guaranteed availability of which is ambiguous, included ultrasound and screening ELISA, treatment of urogenital infections such as chlamydia, trichomoniasis and others, as well as services of narrow specialists: surgeon, mammalogist, ophthalmologist³⁸.

The next problem for LGBTQIA+ people is the stigma and unfriendly attitude of medical personnel. Upon seeing their diagnosis, doctors admit PLHIV at the end of the line, ostentatiously wear gloves, hinting at contagion, and sometimes do not even examine children of PLHIV, even

if they have negative test results. Doctors, especially in the regions, do not keep medical confidentiality and disclose their diagnosis to others³⁹.

Experts identify the following problems that cause patients to refuse to receive ART:

- Stigma and discrimination by staff, frequent breaches of confidentiality in primary care facilities
- Ineffective management of side effects
- Lack of faith in the effectiveness of ART, lack of confidence in the drugs
- Rejection of one's own HIV status and HIV infection as such
- Refusal of ART for religious reasons
- Good health in the early stages of the disease and a reluctance in this situation to take medications that often lead to side effects
- Life circumstances, (for example, living with relatives and the inability to take medications without their notice)⁴⁰

This list of problems demonstrates that LGBTQIA+ people, people who use drugs, and marginalized people who are at risk for diseases such as HIV do not have adequate access not only to health services, but also to related social services guaranteed by the state.

Rural residents also experience significant limitations in their access to medical services. There is an acute shortage of doctors in remote villages, as graduates do not want to go to those areas. The Ministry of Health of the Kyrgyz Republic is

37 Baseline Assessment - Kyrgyzstan Scaling up Programs to Reduce Human Rights Related Barriers to HIV and TB Services. (2018). https://www.theglobalfund.org/media/8145/crg_humanrightsbaselineassessmentkyrgyzstan_report_en.pdf

38 Needs and Demands of Women Living with HIV in the Kyrgyz Republic. (2017) http://www.ewna.org/wp-content/uploads/2018/08/prosvet_report_2017_rus.pdf

39 Ibid.

40 Baseline Assessment 2.0 Overview of barriers to access to HIV services for PLHIV, PWID, SW and MSM. (2018). <https://ecuo.org/wp-content/uploads/sites/8/2019/01/bazovaja-ocenka-2.0-web.pdf>

recruiting specialists in the Program for additional incentives for doctors to staff and retain doctors in health care organizations in remote areas, small towns and rural areas of the Kyrgyz Republic on a competitive basis and ensures compliance with the terms of contracts concluded for the implementation of the "Doctor Deposit" program⁴¹.

In border villages it is widely practiced for Kyrgyz villagers to turn to Tajikistan's medical institutions or to doctors practicing in neighboring villages of Tajikistan. It should be noted that the authorities informally prohibit doctors from providing medical services to residents of neighboring villages under the mandate of the Kyrgyz Republic, just as the authorities of the Kyrgyz Republic do not welcome their citizens to see doctors in Tajikistan. Medical examinations performed in Tajikistan are not recognized in hospitals in Batken, and villagers have to undergo them again if they go to the regional hospital. However, the farther away from border areas patients go to doctors with test results obtained in Tajikistan, the less important their origin becomes. The practice of going to doctors from neighboring villages was widespread before the conflict, and the narrowing of this practice is causing dissatisfaction among residents. Today, the governments of both countries stand on the principle of separate provision of medical services to the population (Murzakulova, 2018).

Orphans often encounter rude attitudes on the part of medical personnel. Medical records in a number of institutions are

in disarray, records of examinations are not kept, and some children do not have medical cards at all. In rare cases, medical workers keep records of anthropometry⁴².

According to experts from state agencies, graduates of orphanages after age 18 do not know whether they are entitled to an allowance because they themselves have never executed the appropriate documents. The situation is aggravated by the fact that there is no re-registration of rights to benefits because the recipient has moved to another district. And even if they want to transfer the allowance to a new place of residence, they need to provide residence registration. According to the USAID survey, **66.5%** responded that they had not received any benefits at all, **17.6%** said that they had, but indicated different amounts, **15.9%** found it difficult to answer⁴³.

The situation regarding access to medical services for returnees is even more depressing. During the pandemic, out of more than 10,000 people with "kairylman" status, only 2,220 received medical care.

The data of the conducted sociological research describe the perception of vulnerable categories of young people about the level of accessibility of health care services for themselves.

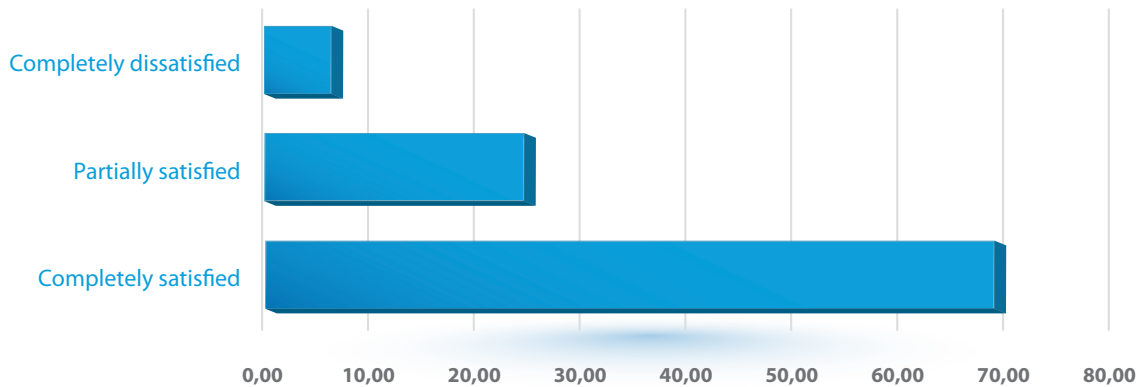
41 Doctor Deposit. Ministry of Health and Social Development of the Kyrgyz Republic. Accessed on 10 July 2021, <http://med.kg/ru/kadry/depozit-vracha.html>

42 Special Report of the Akyikatchy (Ombudsman) of the Kyrgyz Republic. Respect for the rights of children left without parental care. (2017). <https://ombudsman.kg/images/files/news/2018/specdokladi/Deti-bez-roditeley.pdf>

43 Jasa.kg, Graduates of orphanages in Kyrgyzstan: Assessment of rights and needs. (2015). <https://www.usaid.gov/sites/default/files/documents/1861>



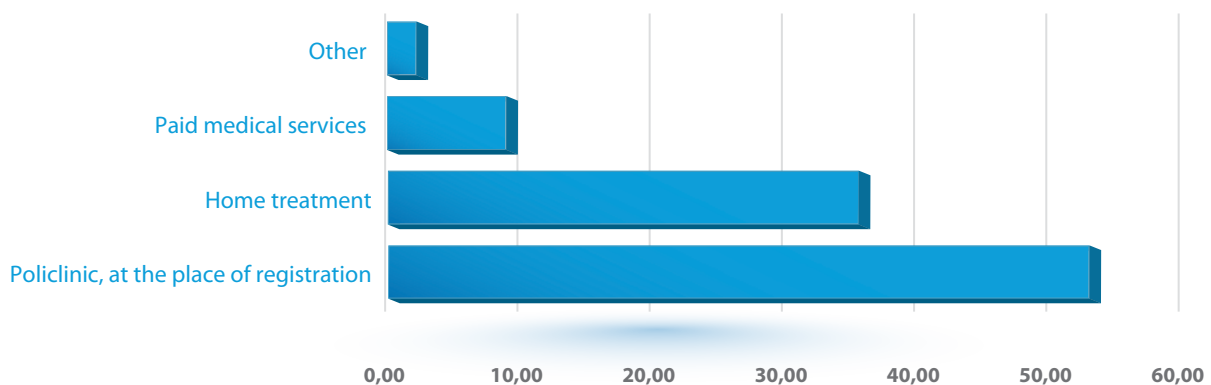
Diagram 17. Satisfaction with one's health, %



Most respondents are either completely satisfied with their health (69.1%) or partially satisfied (24.57%). Only 6.33% of respondents are completely dissatisfied with their health. Urban residents are more dissatisfied with their health than rural and suburban residents (9.4% vs. 5.5% and 2.0%, respectively). In terms of gender, females more often choose extreme dissatisfaction with their health (6.3%) than males (4.7%).

In the specific group, 64.5% of respondents are completely satisfied with their state of health and 34% are partially satisfied. At the same time, urban residents are more partially satisfied with their health (81.5%) against 7.4% of suburban residents and 11.1% of rural residents. In terms of gender, the data are equal, 49% of males and females chose the answer "completely satisfied".

Diagram 18. Preferences for medical services, %

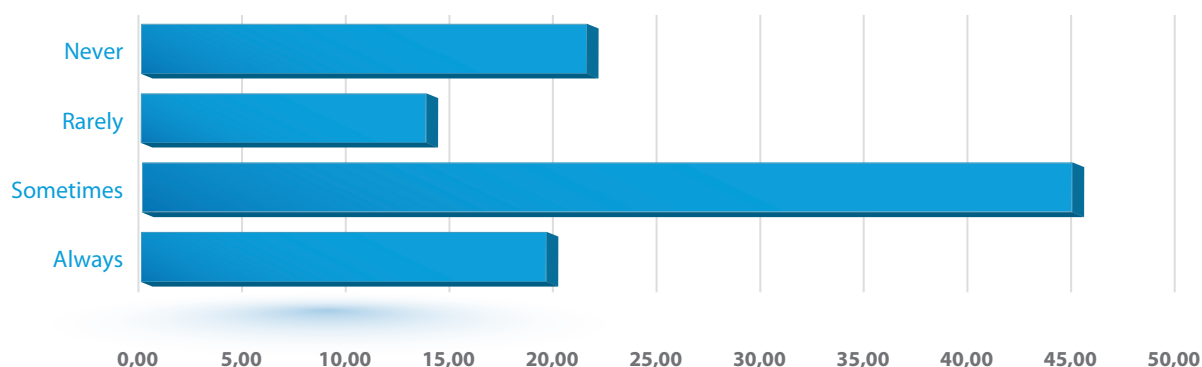


In case of health problems, the majority of respondents prefer to solve them in traditional medical institutions - in polyclinics at the place of registration (53.16%) or not to use health care services at all (35.68%). Commercial paid medicine is extremely unpopular, with only 8.98% of respondents using its services. Commercial medicine is more popular among urban residents (11.3%) than among rural residents (6.2%) and suburban residents (9.8%). At the same time, the trend of home treatment is also more common in the city than in villages and suburbs (45.3% vs. 28.1% and 19.6%, respectively). Budgetary medical institutions - polyclinics

at the place of residence - are more preferable for females (45.6%) than for males (38.2%).

In the specific group, 74.2% of urban residents go to the polyclinic at their place of registration. The percentage of people treated at home also prevails among respondents from cities (60.9%) against 39.1% of rural residents. Also, paid medical services are used mostly by urban residents (76.5%). At the same time, data on respondents living with HIV infection show that paid medical services are widespread among them.

Diagram 19. Frequency of financial difficulties in obtaining medical services, %



The majority of respondents (45.04%) experience financial difficulties only sometimes when receiving medical services. 22.55% of respondents have never experienced it. 19.61% always experience financial difficulties. And rarely only 13.8% of respondents. The financial problem in the field of medical services is most relevant for respondents from the city - 20.8%, while for residents of villages and suburbs it is not a priority (16.1% and 7.8% of respondents, respectively). Females suffer from financial problems in receiving medical services more often (17.2%) than males (14.2%). These indicators correlate well with the answers about the popularity of medical institutions among respondents (Diagram 17).

In general, paid commercial medicine is not popular among respondents, they prefer to go to budget traditional medical institutions with relatively low official prices for services or to be treated on their own. Therefore, the level of financial difficulties in obtaining medical services is relatively low. Residents of cities use the services of commercial medicine more often, but their level of financial problems is also higher.

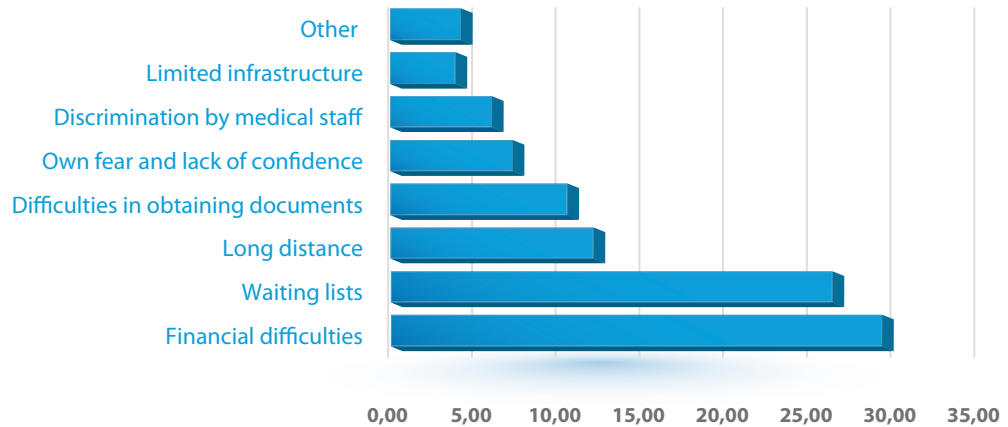
In the specific group, financial difficulties are always experienced by 88.9% of urban residents versus 11.1% of rural residents. Females more often face financial difficulties when applying for medical care (52.5%), while males sometimes (40%).



70% of HIV-positive respondents have indicated that they sometimes experience

financial difficulties in obtaining medical services.

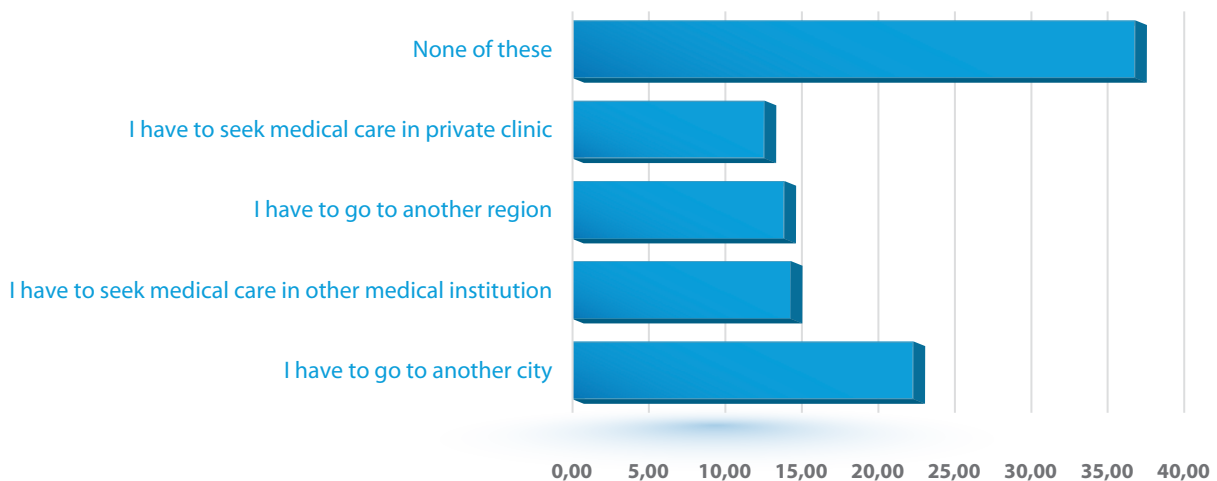
Diagram 20. Barriers to medical services, %



The leading problem in obtaining medical services is still financial difficulties - it has been indicated by 29.39% of respondents. Also, long waiting lists (26.44%), difficulties in obtaining medical documents (10.58%), their own psychological barriers, such as lack of confidence in themselves and self-doubt (7.31%), discrimination by medical staff (6.07%), limited infrastructure - physical inaccessibility (3.89%) make accessibility of health services very difficult.

A specific group identified financial difficulties (14%) and waiting lists (12%) as the main barrier to access to medical care. For 71.4% of respondents from the city, the financial situation was the main barrier. Also, 50% of rural residents noted waiting lists and difficulties in obtaining relevant medical documents. For respondents living with HIV, the main barrier is their own fear and lack of confidence (70%).

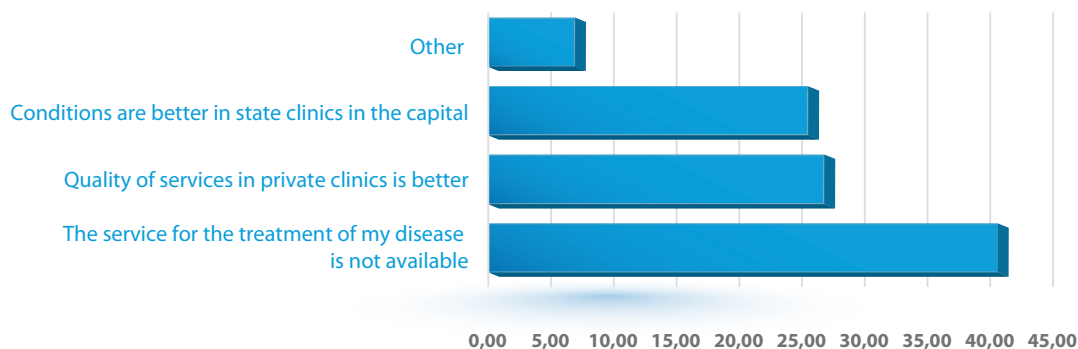
Diagram 21. Specific problems in obtaining medical care, %



The majority of respondents (**36.88%**) do not have specific problems in receiving medical services, which could not be solved by budget medical institutions in their place of residence. However, **22.34%** of respondents have to go to another city for medical services, and **13.88%** of respondents have to go to another region. **14.32%** of respondents cannot obtain medical care in medical

institutions in their place of residence, and **12.58%** of respondents are forced to seek medical care in private commercial clinics. Naturally, the problem of obtaining medical services at their place of residence is most acute for residents of villages - **23.3%** of respondents from rural areas have to travel to another city for medical care, while only **7.5%** of city residents experience such a problem.

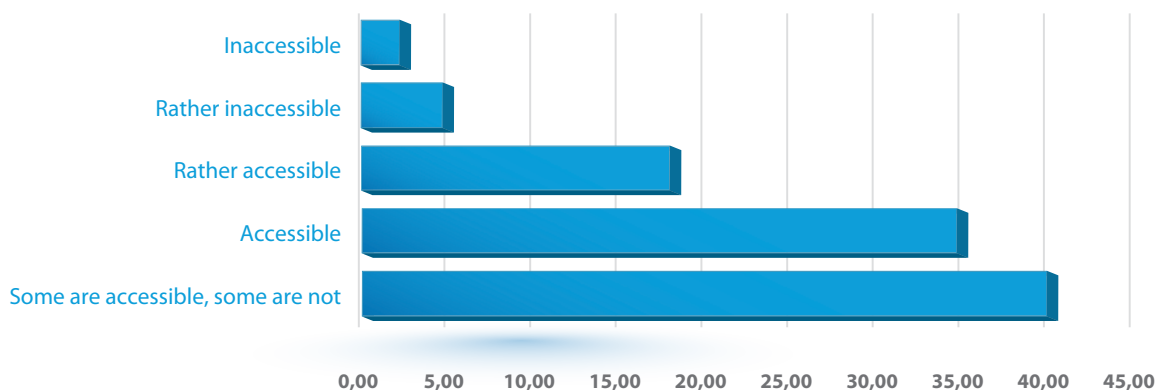
Diagram 22. Reason for visiting other medical institutions, %



For the majority of respondents (**40.69%**) the reason for receiving medical services not at the place of residence is the lack of opportunity to treat their diseases in these institutions. Almost equal number of respondents indicated higher levels of medical services in private (**26.84%**) and state clinics in the capital (**25.54%**) as a reason. It is worth noting that females are more limited in obtaining medical services for treatment of their diseases at the place of residence than males (**18.9%** vs. **15.7%**, respectively).

In the specific group for the majority of respondents (**29.1%**) the reason for receiving medical services not at the place of residence was the better quality of services in private clinics. Better conditions in state clinics were noted by **12.6%** of respondents, as well as lack of opportunity to receive treatment for their diseases in institutions at the place of registration was noted by **11%** of respondents.

Diagram 23. Accessibility of medicines, %

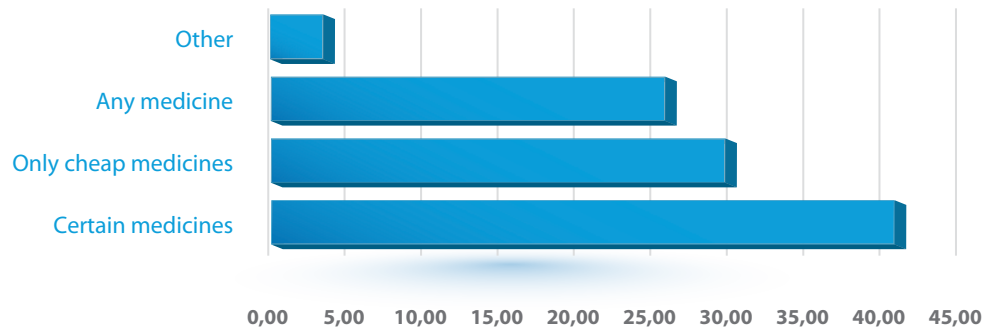




Medicines are selectively accessible to respondents, as stated by **40.1%** of respondents. Medicines are accessible and rather accessible to **34.84%** and **18.05%** of respondents, respectively. They are rather inaccessible and completely inaccessible to **4.76%** and **2.26%** of respondents. At the same time, medicines are more accessible to men (**30.7%**) than for women (**22.8%**).

For the specific group, medicines are accessible to **41.7%** of respondents, and selectively accessible to **40.5%**. Rather accessible to **13.9%** and rather inaccessible to **3.8%** of respondents. Medicines are more inaccessible to **66.7%** of males versus **33.3%** of females.

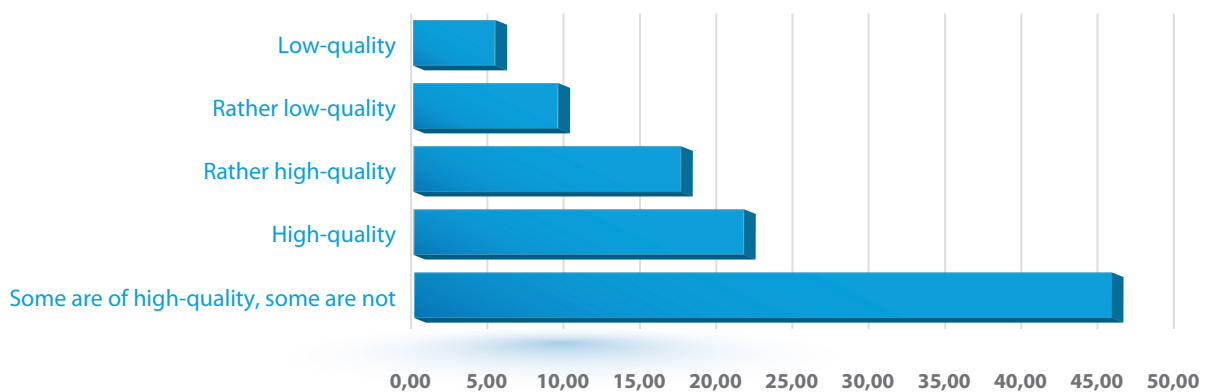
Diagram 24. Accessibility of expensive high-quality medicines, %



Most respondents and their families can afford only some high-quality and expensive medicines - **40.89%** of respondents. **29.80%** of respondents

are forced to use only cheap medicines. **25.86%** of respondents are absolutely free in the choice of medicines.

Diagram 25. Quality of treatment in state medical institutions, %



The quality of medical services in state medical institutions is assessed by the majority of respondents variably - in some ways it is of high-quality, but in others it is not (**45.85%**). **21.71%** of respondents assess medical services of state institutions as high-quality,

17.56% as rather high-quality, **9.51%** as rather low-quality, and only **5.37%** of respondents are dissatisfied with the quality of medical services. Moreover, the majority of respondents dissatisfied with the quality of medical services of state medical institutions

are urban residents - **11.3%**, while the number of dissatisfied respondents from rural areas and suburbs is very low - **3.5%** and **2%**, respectively. Females are less satisfied with the quality of medical services provided by state medical institutions than males (**13%** versus **20.9%** of respondents, respectively).

Similarly, respondents answered the question about the accessibility of diagnostic procedures. The majority (**37.35%**) have a variable attitude to this question - some are accessible, some are not. They are considered accessible by **29%** of respondents, rather accessible by **18.18%**, rather inaccessible by **9.69%**, and inaccessible by **6.39%** of respondents. At the same time, it is natural that they are more inaccessible to residents of rural areas than for residents of cities (**6%** vs. **1.9%**, respectively).

First aid services are available to the majority of respondents (**35.6%**). Variably accessible to **31.22%**, rather accessible to **17.32%**, rather inaccessible to **8.78%**, and inaccessible to **7.07%** of respondents. At the same time, suburban residents assess the accessibility of first aid services much lower than urban and rural residents (**9.8%** vs. **26.4%** and **29.7%**, respectively).

Medical specialists, according to the majority of respondents (**35.7%**), are accessible variably - some are accessible, some are not accessible. Completely accessible to **32.76%** of respondents, rather accessible to **18.34%**, rather inaccessible to **8.31%** and completely inaccessible to **4.9%** of respondents. Similarly to the question of accessibility of first aid services, residents of suburbs believe that accessibility of specialists is lower

for them than for residents of cities and villages - **9.8%** vs. **15.1%** and **28.1%** of respondents, respectively. Also, specialists are more often inaccessible to females than to males - **5.6%** vs. **2%** of respondents, respectively.

Assessment of accessibility of high-quality medicines for specific groups has shown that **64.5%** of respondents can afford to buy some medicines, **20.2%** buy only cheap medicines and **12.6%** of respondents can buy any medicine. At the same time, residents of cities (**70%**) have access to higher-quality medicines compared to residents from suburbs (**10%**) and villages (**20%**). There are no gender differences in this category.

The quality of state medical institutions is assessed as variable by the majority of respondents from the specific group (**53.1%**). It is assessed as of high-quality and rather high-quality by **10%** and **22.7%** of respondents, respectively, and rather low-quality by **11.3%** of respondents.

The accessibility of diagnostic procedures is assessed by the specific group in a mostly variable way - some are accessible, some are not (**41.7%**). Also, **18.9%** of respondents have answered that diagnostic procedures are not accessible to them, and **16.4%** have said they are accessible. Rather inaccessible and rather accessible they are considered by **13.9%** of respondents. At the same time, for urban residents (**84.6%**) diagnosis is accessible, while for **14.3%** and **40%** of residents of suburbs and villages diagnosis is inaccessible and rather inaccessible.

The accessibility of primary health care is assessed positively. For **35.4%** and **39.2%** of respondents

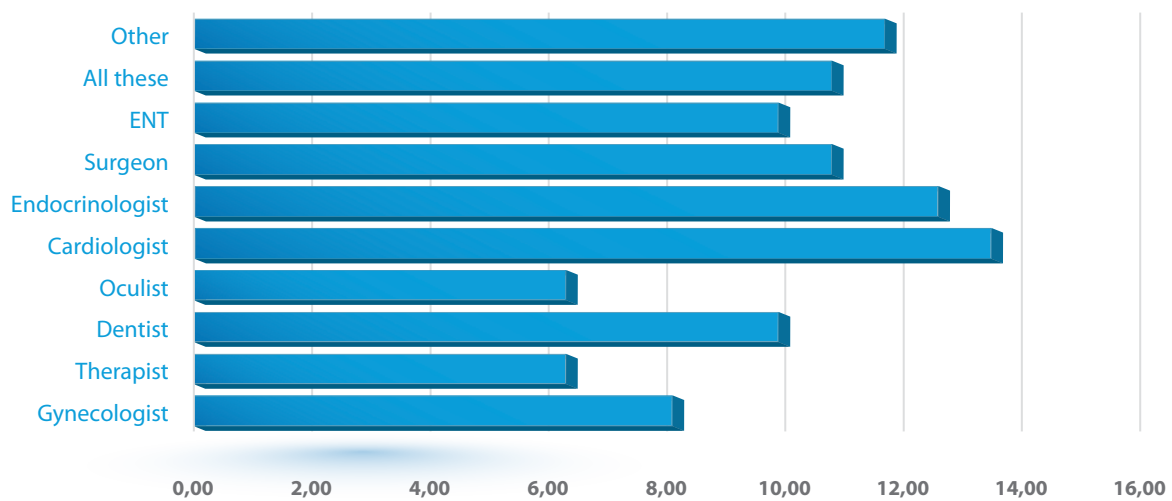


from the specific group primary health care is assessed as accessible and variably accessible. It is more accessible to females (57.1%) than to males (25%).

Similarly, respondents from the specific group noted the accessibility

of specialists. For the majority, accessibility is variable (48.1%) - some specialists are accessible and some are not. Also, 25.3% of respondents said that specialists were rather accessible and 21.5 percent said they were accessible.

Diagram 26. Specialists inaccessible to respondents, %



The most inaccessible medical specialist for respondents is a cardiologist. His/her services are inaccessible to 13.51% of respondents. Next inaccessible are endocrinologist (12.61%), surgeon (10.81%), dentist (9.91%), gynecologist (8.11%), oculist (6.31%) and therapist (6.31%). Alarmingly, 10.81% of respondents have said that all of these specialists are not accessible to them. That is, on average, every tenth representative of young people from vulnerable categories cannot access the majority of necessary medical specialists. Moreover, for urban residents this problem is more acute than for rural residents (3.8% vs. 1.3% respectively). 11.71% of respondents have noted that other medical specialists are not accessible to them - psychotherapist, allergist, neurologist, etc.

As for the accessibility of rehabilitation medical services, the majority of respondents (37.04%) noted their variable accessibility - some of them are accessible, some of them are not. To 24.93% of respondents they are completely accessible, to 15.55% they are rather accessible, to 11.83% they are rather inaccessible, and to 10.62% they are completely inaccessible. Moreover, the level of accessibility/inaccessibility is relatively the same in the urban, rural and suburban areas. Females more often than males note that rehabilitation services are inaccessible to them (10.9% vs. 5.1%, respectively).

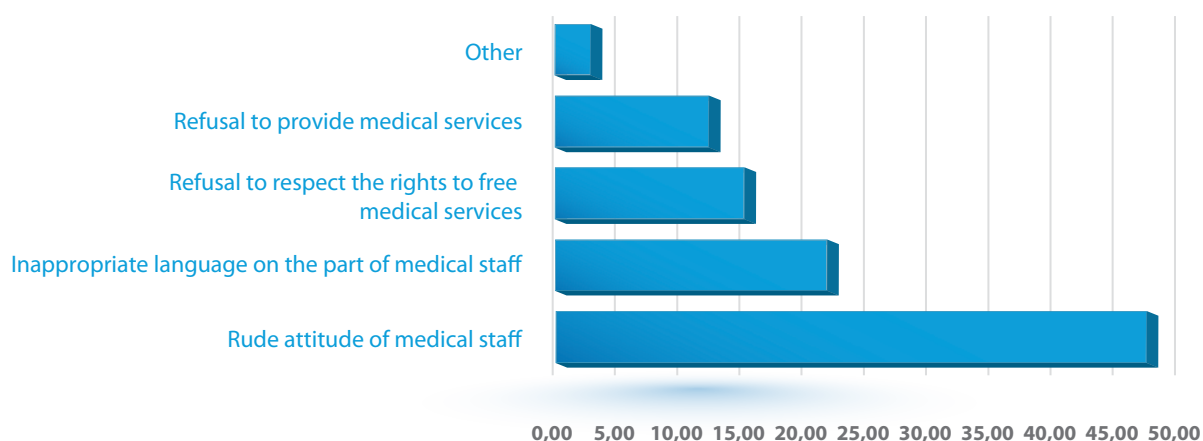
It is important to note that the study during data collection revealed that the number of PWDs exceeds the official statistics, as most of them are not officially registered. The study showed that both in general, and for PWDs, there

is no systematized scheme for seeking medical care, such as electronic queue, etc. There is such a concept as a "familiar doctor", to whom one goes in case of illness.

Most respondents have not experienced discrimination or stigma in receiving health care services, but **15.4%** of respondents still indicated that they had such experiences. Most of those discriminated against are females. **14.7%** of females and **9.1%** of males responded positively to this question.

In the specific group **21.5%** of respondents experienced discrimination when receiving medical services. Among those who answered in the affirmative, **47.1%** were females, **35.3%** were males and **5.9%** were transgender people. The majority of respondents (**35.2%**) noted the rude attitude of medical staff. Inappropriate language on the part of medical staff and refusal to provide medical services were also common (**11.7%**).

Diagram 27. Discrimination forms, %



Among the forms of discrimination in the health care system the rude attitude of medical staff prevails - it has been noted by **47.62%** of respondents. Also inappropriate language on the part of medical staff (**21.9%**), refusal to respect the rights of patients to receive free medical services (**15.24%**), refusal to provide medical care (**12.38%**) are very common. At the same time the rude attitude of medical staff is leading both in the city and in the village. But it is more often experienced by females than by males (**7%** vs. **1.8%** respectively).

Only **12.75%** of respondents know what reproductive health is, with more

knowledge about it in the city (**22.6%** of respondents) than in the countryside (**9.4%**). Females are more aware of this concept than males (**13%** and **6.3%**, respectively).

47.06% of respondents believe that reproductive health means the ability to conceive and bear healthy children, **35.29%** of respondents think it refers to family planning, and **15.69%** of respondents believe that reproductive health means a state of complete mental and physical health.

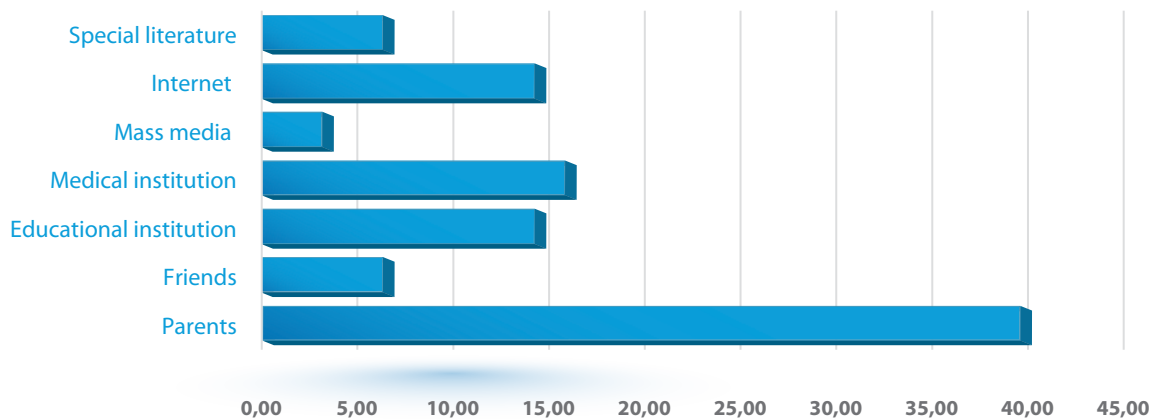
However, **83.72%** of respondents do not have any information about



reproductive health. These are mostly rural residents (68.4%). In urban and suburban areas, the percentage of those who do not know is lower (47.2% and 43.1%, respectively). Females are more aware

of this issue than males - 16.5% vs. 7.5%, respectively).

Diagram 28. Sources of information about reproductive health care, %



The most common source of information about reproductive health for 39.68% of respondents are parents. They are followed by specialists of medical institutions - 15.87%, employees of educational institutions - 14.29%, Internet - 14.29%. Special literature - 6.35% and friends - 6.35% lag significantly behind them. The media is not popular at all on this issue and serves as a source of information only for 3.17% of respondents. Parents, as a source of information on reproductive health issues, are an authority for girls and boys and are equally leading in both urban and rural areas. But in the city, educational institutions are more trusted in this respect than in the villages. 9.4% of respondents from the city received this information in their educational institutions, while in the villages the figure was 0.7% and in the suburbs - 2%.

Parents are also the most convenient and trusted group when

discussing reproductive health issues for 34.97% of respondents. 26.42% of respondents prefer to discuss these issues with doctors, 7.51% with friends, and 5.96% with brothers/sisters. But 21.24% of respondents do not discuss these issues with anyone. While urban residents when discussing this topic prefer doctors (24.5%), rural residents prefer parents (29.3%), residents of the suburbs in their masses do not discuss this issue with anyone (17.6%). Girls in most cases discuss reproductive health problems with their parents (30.9%), while young men in their majority do not discuss these issues with anyone (24.4%).

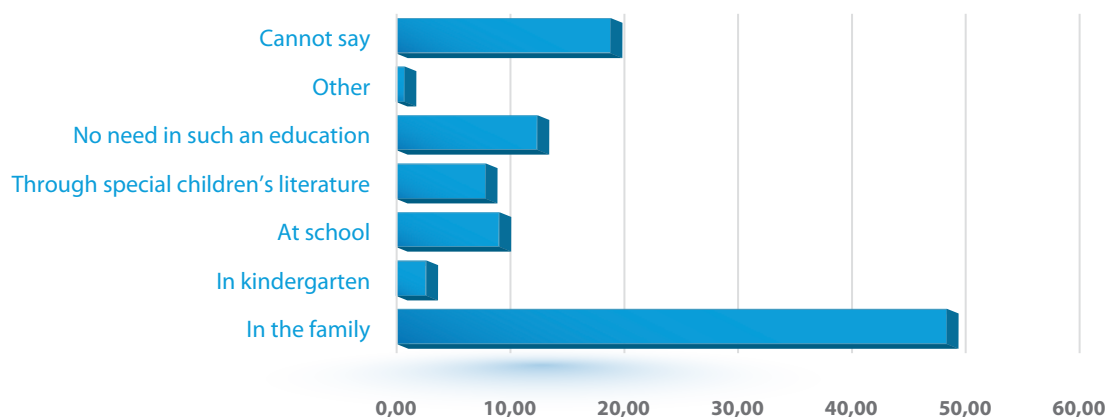
The majority of respondents (58.39%) consider the age of 23-26 years to be the optimal age for having a child. This age is equally preferred in all territorial locations (city, village, suburbs) and among males and females. 27.25% of respondents consider the age of 18-22 years as the optimal



age, and **12.89%** — 27-30 years. The age over 30 years is considered non-optimal: the age of 31-35 years was chosen

by **0.97%** of respondents, and 36-40 years by **0.49%**.

Diagram 29. Preferred institutions and forms of sex education, %



The majority of respondents (**48.45%**) believe that sex education should take place in the family. The next highest priority institution for sex education is the school (**9.07%**). **7.88%** of respondents were in favor of sex education being delivered through special children's literature. Only **2.63%** of respondents were in favor of sex education beginning in kindergarten. **18.85%** of respondents could not answer this question. On the other hand, **12.41%** of respondents were against this type of education.

Only **24.84%** of respondents talk to their peers about puberty, abortion, and pregnancy, while the majority (**70.49%**) prefer not to talk to them about it. **7.67%** of respondents found it difficult to answer this question. Respondents in urban areas are more likely to share this with their peers than those in villages and suburbs (**41.5%** vs. **20.5%** and **19.6%**, respectively). Girls were also more likely to discuss such topics with their peers than boys (**33.3%** vs. **10.2%**, respectively).

68.95% of respondents do not know where they can get tested for HIV. Moreover, the majority of respondents who do not know where they can take an HIV test are from urban areas - **60.4%**, while in rural areas such answers are **56.5%** and in the suburbs - **37.3%**.

The majority of female respondents visited a gynecologist for the first time at the age of 18 - **17.54%** of responses. At the age of 17 - **14.03%** of female respondents, at the age of 16 - **14.03%**, at the age of 15 - **4.38%**, at the age of 14 - **1.75%**. The proportion of those who visited a gynecologist for the first time at the age of 19 was **11.4%**, at the age of 20 - **11.4%**, at the age of 21 - **7.02%**, at the age of 22 - **5.26%**, at the age of 23 - **4.38%**, at the age of 24 - **4.38%**, and at the age of 25 - **2.63%**. The extreme indicators of the years of the first visit to a gynecologist by female respondents were 7 years - **0.88%** and 34 years - also **0.88%**. **64%** of female respondents have not yet visited a gynecologist.



The majority of female respondents from the specific group (**43.33%**) visit a gynecologist once a year. **16.67%** of respondents visit a gynecologist once in two years, and the same number (**16.67%**) visit a gynecologist twice a year. **6.67%** of female respondents have not been to a gynecologist for the last 2 years. **5%** consult a gynecologist more than twice a year.

Analysis of the specific group data has revealed that **63.2%** of respondents do not know what reproductive health is (**24.0%** of respondents aged 14-17 years, **58.0%** of respondents aged 18-24 years, and **18.0%** of respondents aged 25-30 years). There are no gender differences in this category.

The main sources of information about reproductive health are the Internet (**39.2%**). Educational institutions (**14.2%**) are also a trusted source for young people. Friends (**10.7%**), NGOs (**10.7%**), mass media (10.7) are also common. At the same time, educational institutions and NGOs are relevant in urban areas (**100%**). When analyzing the question of who is comfortable to talk about their reproductive health, **27.8%** of respondents said no one, **19.53%** said friends, **16.4%** said parents, **12.1%** said doctors.

The most relevant age for having a child was 23-26 years (**49.3%**) - **61.5%** of urban residents and **33.3%** of rural residents indicated this age. Also, **58.3%** and **41.7%** of respondents from urban and rural areas reported the age of 18-22, **94.7%** of respondents from urban areas reported the age of 27-30.

Assessment of the question about sex education revealed that **48.1%** of respondents would prefer to receive sex education in the family.

Also, one of the priority institutions in sex education is school (**12.6%**), with **12.6%** of respondents answering that sex education is not necessary. And the least priority is, sex education through special literature (**3.8%**) and in kindergarten (**1.2%**). But respondents living with HIV have noted that they feel more comfortable talking about this topic with doctors (**20%**).

54.4% of respondents know where they can get tested for HIV. Females are more aware than males (**48.8%** and **34.9%**).

In general, it should be noted that the health care system is accessible to vulnerable categories of young people only partially. And this situation is influenced both by objective factors - level of qualification and cost of services of medical specialists, state of medical infrastructure, equipment with modern medicines and devices, etc., and subjective - psychological attitudes, traditional settings, stereotypes and fears. Financial accessibility does not play a primary role here, although it is also important. The main issue is the problem of trust. Young people turn to medical specialists and services only in extreme cases of obvious illness. At the same time, they consider their family, not a doctor, to be a reliable source of significant information about health (e.g., reproductive health).

ACCESS TO JUSTICE AND LEGAL SERVICES

Access to justice, as it is understood in international legal documents, includes a set of procedural guarantees that ensure both the very possibility of recourse to judicial mechanisms and the fairness of the judicial proceedings. These are, firstly, the requirements for the organization of the judiciary and the conduct of judges: the formation

of courts and tribunals on the basis of law, independence and impartiality. Secondly, these are the standards related to the procedure for considering cases, including reasonable time of proceedings, public nature of judicial proceedings, reasonableness of judicial decisions. Thirdly, these are guarantees of equality of parties in the process, allowing the parties to the process to challenge the arguments and evidence of their opponent and to properly convey their position to the court.

The right of everyone to free access to justice is enshrined in Article 8 of the Universal Declaration of Human Rights (UDHR), Article 14 of the International Covenant on Civil and Political Rights (ICCPR) and other international legal instruments⁴⁴. This concept is incorporated into the national legislation of the Kyrgyz Republic.

The proper administration of justice must involve at least two aspects: institutional (the independence and impartiality of the court) and procedural (the fairness of the proceedings). This implies that everyone whose rights are violated has the right to appeal freely to the competent authorities and to expect full protection.

Unfortunately, according to the documented analysis, vulnerable groups of young people experience problems with access to justice and legal services, despite the guarantees enshrined in international and national legal acts. A large role in the fact that young people are often denied full access to justice is played by a lack of trust in the judicial system and law enforcement agencies, low awareness of their rights, and, as identified

in the section on access to information in this study, the low level of interest of target groups in legal issues, as well as the habit of obtaining legal information from unreliable sources.

Considering the more specific problems of vulnerable groups selected for this study, it must be stated that in the Kyrgyz Republic there is no special legal act on children of migrants. We can mention the Children's Code of the Kyrgyz Republic (2012), which defines children in difficult situations, including children left without parental care. In this case, children of migrants can be categorized as children without parental care because their parents are absent and do not provide round-the-clock care. The Children's Code also defines forms of placement for children without parental care. As for children of migrants, this can be guardianship/custodianship, foster care, and residential care facilities. The Regulation on Guardianship and Custodianship (No. 522, 2013) defines the mechanism for placing children without parental care under guardianship. According to this regulation, guardianship is established through a court procedure and requires the submission of a package of documents, which complicates the process of establishing guardianship. On the other hand, this procedure increases the responsibility of formal guardians and custodians, as well as the records of authorized child protection agencies. In practice, however, informal guardianship remains widespread in the country, when children remain in the care of relatives or friends by informal agreement. In this case, children without parental care become "invisible"

⁴⁴ Access to Justice for Persons with Disabilities (Study Guide). (2016). <https://soros.kg/srs/wp-content/uploads/2019/07/Dostup-k-pravosuudiyu-lits-s-ogranichenny-mi-vozmozhnostyami-zdorov-ya.pdf>



to state authorities and vulnerable in terms of violations of children's rights⁴⁵.

Migrants' children are particularly vulnerable to violence, abuse and neglect, as they are often left alone without adequate support and supervision or in residential care facilities. This fact closely links the problem of limited access to legal protection with the problem of providing social guarantees and services to children in difficult life situations.

PWDs face a more specific spectrum of problems when seeking justice and trying to solve legal problems. According to the Ministry of Labor and Social Protection of the Kyrgyz Republic, there are about 197,792 persons with disabilities in the country. The total number of persons with disabilities from the entire population of the Kyrgyz Republic does not exceed **2%**, and among children it is **1%**. For comparison, in the Russian Federation it is **5%**, and in the Central Asian republics it is up to **3%**. It seems that the above statistics on the number of persons with disabilities per capita are not very reliable. For example, many PWDs are unaware of their rights and are not registered with social welfare agencies. Because of the negative public attitude toward the problem of disability in general, some are simply ashamed to be on such registers, while others refuse their status because they do not know how to undergo a medical and social examination. At the same time, many PWDs do not have full access to social assistance

and other conditions that are created for such categories of people⁴⁶.

The state is obliged to provide sign language interpretation services in cases necessary to protect the rights of persons with disabilities. However, this guarantee is not provided to PWDs in courts. Also, **90%** of local court buildings do not meet the standards for the office space of local courts, do not have infrastructure for physical access⁴⁷.

Also problematic is the issue of filing a lawsuit against medical institutions. Access to judicial protection is regulated by the CPC KR, and the general prohibition on appeal to court by persons who do not have full legal capacity applies. Thus, exploitation, violence, abuse and other forms of maltreatment can take place with impunity within the walls of psychiatric institutions. In many cases, these institutions, which act as guardians of the patient and are the only persons who can initiate legal proceedings on behalf of the individual being abused, are themselves the alleged defendants in the case. Other basic rights of patients, such as the right to see an attorney, also depend on the patient's legal capacity⁴⁸.

There are no judicial precedents for the protection of the labor rights of PWDs. Not a single government agency complies with the norms of **5%** of job quotas, which significantly violates the rights of such people.

The problems experienced by people living with HIV, as well as drug users

45 Analysis of gaps in access to basic services for children affected by migration in Kyrgyzstan.(2020).<https://www.unicef.org/kyrgyzstan/media/6761/file/ANALYSIS%20OF%20GAPS%20IN%20ACCESS%20TO%20BASIC%20SERVICES%20FOR%20CHILDREN%20AFFECTED%20BY%20MIGRATION%20IN%20KYRGYZSTAN.pdf>

46 Access to Justice for Persons with Disabilities (Study Guide). (2016). <https://soros.kg/srs/wp-content/uploads/2019/07/Dostup-k-pravosudiyu-lits-s-ogranichenny-mi-vozmozhnostyami-zdorov-ya.pdf>

47 Ibid.

48 Ibid.

and people with other types of addiction, are no less serious. According to UNAIDS, the stigma index in the Kyrgyz Republic is 0.8, which indicates the presence of legal and social problems.

The main problems in accessing justice among people with HIV are:

- legal illiteracy of beneficiaries;
- interventions by radical patriotic and religious movements in HIV prevention programs;
- threats and harassment of organizations (activists) and obstruction of their work;
- disclosure of the status of HIV-positive people by health workers;
- lack of social advertising, healthy lifestyle programs;
- insufficient cooperation (only formal assurances are available) between NGOs and individual government organizations;
- discriminatory initiatives (more cases of violence against vulnerable groups);
- social stigma/discrimination (including self-stigma/self-discrimination)⁴⁹.

The results of a study (2017) by the Central Asian Association of People Living with HIV showed that a total of **13.3%** of PLHIV in the Kyrgyz Republic reported that in the previous 12 months they encountered situations that could be qualified as violations of the rights of people living with HIV. They faced the following types of rights violations:

- forced disclosure of HIV status when applying for entry into another country – 4.7%

- forced disclosure of HIV status when applying for residency or citizenship – 4.7%
- detention, quarantine, isolation or segregation from others – 2.0%

During the previous 12 months, every fourth person living with HIV in the Kyrgyz Republic (**39.3%**) had to undergo medical procedures (including laboratory tests for HIV). People living with HIV who do not inject drugs experienced such a violation twice as often.

In addition, people living with HIV in the Kyrgyz Republic face denial of hospitalization, illegal dismissals and refusals to issue residence permits. As a rule, they do not appeal such decisions in court, as they do not trust law enforcement agencies.

Moreover, according to the law "On Protection of Public Health in the Kyrgyz Republic" (approved by Law No. 6 of 9 January 2005, Article No. 74 "Consent"), adolescents, as a rule, cannot access most HIV-related services without parental permission. This is especially true for gay and bisexual adolescent boys, as well as for other boys who have sex with boys and trans adolescents whose families reject them, which increases their vulnerability to harassment by the police and violence by nationalist/religious groups. Many practice "survival sex" and have limited ability to negotiate safe sex with older partners. At the same time, NGO workers who provide HIV services to adolescents without the written consent of their legal guardians are at risk of imprisonment for corrupting minors.⁵⁰

49 Country Progress Report - Kyrgyzstan Global AIDS Monitoring 2019. https://www.unaids.org/sites/default/files/country/documents/KGZ_2019_countryreport.pdf

50 Baseline Assessment - Kyrgyzstan Scaling up Programs to Reduce Human Rights-Related Barriers to HIV and TB Services. (2018). https://www.theglobalfund.org/media/8145/crg_humanrightsbaselineassessmentkyrgyzstan_report_en.pdf



Juvenile convicts also experience problems related to justice. The practice of violations of procedural norms in juvenile cases at the investigation stage is widespread. According to the data of the Department for Generalization of Judicial Practice and Analysis of Judicial Statistics of the Supreme Court of the Kyrgyz Republic, investigative agencies do not always apply measures to quickly investigate criminal cases involving juveniles. There are cases where the investigation of criminal cases was delayed for up to six months from the date of initiation of a criminal case, although, according to the norms defined by the Criminal Procedure Code of the Kyrgyz Republic (CPC KR), the investigation of cases involving crimes of minor gravity must be completed within one month (Article 166 of the CPC KR). In 40% of the cases that come to court, there are no acts of inspection of the living conditions and upbringing of minors. Court hearings in criminal cases involving minors are often considered without the participation of a lawyer or legal representative, and educators, psychologists and social workers are not involved in the criminal process⁵¹.

Under Kyrgyz criminal law, in addition to imprisonment, there are three other types of criminal punishment. But types of criminal punishment that are not related to imprisonment are applied by the courts of the Kyrgyz Republic very rarely. Courts continue to impose triple fines (triple aiy) as a form of punishment for minors, despite the fact that this form of punishment for minors was removed in June 2007. The state authorities do not provide data on the practice

of alternative punishments for juveniles, such as correctional labor, public apology with compensation for damages. This fact leads to the conclusion that the courts have not yet established precedents for the application of these alternatives to deprivation of liberty⁵².

Currently, there are no systematic programs for implementing justice for children in the Kyrgyz Republic. Training of police officers, prosecutors, legal and other representatives of a child, judges, probation officers, social workers and others is essential and must be carried out on a systematic and continuous basis. These specialists must be well informed about the specifics of the physical, psychological, mental and social development of a child, especially an adolescent, as well as about the special needs of the most vulnerable children. However, it is impossible to talk about the availability of systematic training in the Kyrgyz Republic for employees working in the system of administration of justice for children⁵³.

Until today, convicted children can be placed in a disciplinary cell, which is a violation of international standards⁵⁴.

Article 88 of the Children's Code of the Kyrgyz Republic states that one of the elements of juvenile justice is a specialized juvenile court. Unfortunately, no such specialized court has been implemented since 2012 and so far. However, it is important to note that over the past two years, steps have been taken to implement child-friendly justice standards in the Kyrgyz Republic with the cooperation of the judicial system

51 Alternative NGO Report on the Compliance of the Kyrgyz Republic with its Obligations under the Convention on the Rights of the Child. (2013). https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/KGZ/INT_CRC_NGO_KGZ_15751_R.pdf

52 Ibid.

53 Special Report of the Akyikatchy (Ombudsman) of the Kyrgyz Republic on Observance of the Rights of Children in Conflict with the Law. (2018). <https://ombudsman.kg/images/files/news/2018/specdokladi/detizzakon.pdf>

54 Ibid.

with the civil sector and international organizations. In March 2016, a specialized room for children who have been victims or witnesses of crime and a courtroom for children in conflict with the law were opened in the Leninsky District Court of Bishkek.⁵⁵

Returnees. According to unofficial expert information, more than 10,000 ethnic Kyrgyz over the age of 18 currently reside in the Kyrgyz Republic. They do not have identity documents, or have never received a passport, or have a passport of the country where they used to live, but it has expired or become unusable. There are cases when documents are lost and people have no way to identify them. According to the rules, people in this category cannot apply for kairylman status or citizenship because their national passports are unusable (expired). The missions of the countries from where they came from do not renew or restore their passports, but they do issue certificates of permission to enter their home country. Considering that all ethnic Kyrgyz cannot return to their homeland (due to lack of relatives living in another state, financial difficulties, etc.) and their documents are not found in the archives (during the civil war many archival documents burned down), this issue has not been resolved for a long time⁵⁶.

The law "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic" does not automatically oblige immigrants to register somewhere as displaced persons under the state program "Kairylman. Registration is voluntary, so no government agency has accurate data on how many

ethnic Kyrgyz immigrants are actually living in the KR⁵⁷.

For people who have lost their documents, the process of obtaining kairylman status is complicated. There are a number of flaws in the legislation that are barriers:

- The Law "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic," Article 12(1) of the Law "On Citizenship of the Kyrgyz Republic" provides that if ethnic Kyrgyz children are born in the Kyrgyz Republic, they are granted citizenship. The legislation does not provide for the case of granting citizenship to children of ethnic Kyrgyz born after their parents returned to the KR, but who have not yet received citizenship.
- Article 8 of the law "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic " defines: the kairylman's certificate is an identity document. Also in accordance with paragraph 20 of the Regulation on the procedure for granting the status of a kairylman, approved by the Government Decree No. 402 dated 23 June 2015, the kairylman's certificate is an accountable form. In addition, in accordance with Article 8 of the Law "On Internal Migration", the kairylman's certificate is recognized as an identity document, which gives the opportunity to get registered. Given the present circumstances, it is reasonable to consider the kairylman's certificate as an identity document, as a document which is the basis for obtaining citizenship.

55 Ibid.

56 "A member of parliament proposes to simplify obtaining citizenship and kairylman status for ethnic Kyrgyz". (9 May 2021) For.kg. Accessed on 10 July 2021, <https://www.for.kg/news-696313-ru.html>

57 "The problem with kairylmans reached a deadlock". (20 May 2019). Prevention Media. Accessed on 10 July 2021, <https://prevention.kg/?p=3435>



Most ethnic Kyrgyz who have returned to the country face difficulties in legalizing documents, not all have the ability to obtain a stamp from the relevant embassies or countries of origin, and it takes time⁵⁸.

According to Zainidin Tagaev, leader of “Kyzmattashuu KG” public foundation for the protection of migrants' rights, migrants still have certain problems even with the so-called simplified procedure for obtaining citizenship and a birth certificate, as well as in the adaptation of children. One of the most significant problems is the lack of registration or inability to get registered due to the lack of real estate, even when you have Kyrgyz citizenship.⁵⁹

The data above shows that there are institutional and procedural problems in access to justice, as well as the impact of stigma on access to justice. However, perhaps the most vulnerable category of youth, whose access to justice is a matter of public debate, is justice for victims of violence.

Most women victims of domestic and sexual violence do not have knowledge about the existing methods of collecting evidence, do not have sufficient knowledge about protecting their rights, are not confident in their own abilities, and are not financially secure, which also affects their decision not to seek help from law enforcement agencies. When women victims report crimes to law enforcement agencies, most criminal cases are terminated or have no further

follow-up due to the great pressure on victims and their representatives from close relatives, relatives of perpetrators, influential acquaintances, representatives of authorized state agencies for child protection, internal affairs officers, as well as doctors, lawyers, who often dissuade women from supporting charges against the perpetrators of crimes. The infrastructure of internal affairs bodies does not allow the principle of confidentiality to be maintained during the reception and interrogation of victims. The lack of conditions ensuring comfort and confidentiality is a serious problem in the interrogation of victims of crimes against sexual inviolability of the person, which significantly reduces the level of cooperation and trust in law enforcement agencies. When interrogating minors, investigative agencies often do not involve educators or psychologists, which is a legal requirement⁶⁰.

The procedure of interrogation of victims, regardless of their age, is the same, except for the presence of a legal representative and a teacher during the interrogation of minors. Internal affairs officers do not have a special methodology for interrogating victims of minors, taking into account the specifics of crimes against the sexual inviolability of persons, and there are no special conditions, at least in the form of a special room for children, in which with a certain comfort and psychological climate could be achieved the goals of interrogation - obtaining the most objective information about the crime committed.⁶¹

As child marriages are illegal under Kyrgyz law, many of these marriages are

58 “A member of parliament proposes to simplify obtaining citizenship and kairylman status for ethnic Kyrgyz”. (9 May 2021). For.kg, Accessed on 10 July 2021, <https://www.for.kg/news-696313-ru.html>

59 “Disenfranchised children of displaced persons: will they receive Kyrgyz citizenship?” (21 January 2021). Kaktus Media. Accessed on 10 July 2021, https://kaktus.media/doc/430393_bespravnye_deti_pereselencev:polychat_li_oni_kyrgyzskoe_grajdanstvo.html

60 Report on the study of judicial practice in the Kyrgyz Republic on crimes against women and girls (2012 - 2015).(2017). File:///C:/Users/User/Downloads/Analyticheskii_Otchet_po_Gendernomy_Nasiliyu_RU.pdf

61 Ibid.

not officially registered by the state until both parties reach the age of 18, the legal age for marriage. Girls in unregistered marriages, upon divorce, do not have access to resources such as property and alimony, they are limited in their independence and the ability to get out of marriage.⁶²

The 2017 law⁶³ requires the police to automatically issue a three-day domestic violence order in case of a confirmed case of domestic violence. According to civil activists and lawyers, a three-day domestic violence order is not sufficient, and victims of violence are unlikely to go to renew the domestic violence order. Statistics from the Interior Department show that of 2,623 domestic violence orders issued for 2,701 domestic violence cases reported in the first quarter of 2019, only 83 were valid for more than three days. Of 7,114 domestic violence orders for 2018, only 64 were renewed. No data are available on the number of renewal appeals⁶⁴.

Official statistics show that the terms of all domestic violence orders issued in the first quarter of 2019 included a "ban on domestic violence," but not a single case mentioned a ban on contact between the injured party and the aggressor/abuser. In the same period, there were no cases involving "failure to comply with the terms of a domestic violence order." In 2018, there were 896 such cases, or less than **13%** of the total number of orders issued⁶⁵.

62 "Ending child marriage in Kyrgyzstan". (11 December 2020). The borgen projects. Retrieved 10 July 2021, <https://borgenproject.org/child-marriage-in-kyrgyzstan/>

63 Law on the Protection from Domestic Violence No. 63 dated 27 April 2017. Ministry of Justice of the Kyrgyz Republic. Accessed on 10 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/111570>

64 "Kyrgyzstan: Pressure Builds to Protect Women and Girls". (28.05.2021). Human Rights Watch. Accessed on 10 July 2021, <https://www.hrw.org/ru/news/2019/05/28/330476>

65 "Kyrgyzstan: Pressure Builds to Protect Women and Girls". (28 May 2021). Human Rights Watch. Accessed on 11 July 2021, <https://www.hrw.org/ru/news/2019/05/28/330476>

Under the new Code of Misdemeanor,⁶⁶ it is permissible to dismiss a case by conciliation.

During the study conducted by Human Rights Watch, it was found that only girls with legal defenders or attorneys most often continue criminal cases against family abusers. On average, the police initiate a little more than 200 criminal cases a year and in two cases out of three under the lightest article - "Intentional infliction of minor harm to health". Victimology research conducted in Bishkek and new buildings in 2018 showed that only three out of 172 women victims of violence went to the police. Most of the girls claim that they themselves will solve the situation with the aggressor⁶⁷.

At the same time the UNICEF study shows that awareness of domestic violence in the family is quite high among young people. According to the preliminary results of the first part of the survey on domestic violence, **85%** of young people believe that there is a problem of domestic abuse in Kyrgyzstan and only **4%** of respondents believe that such a problem does not exist.

45% of young people believe that physical violence (beatings, bullying with the use of force, etc.) is the main form of domestic violence. Only **6%** of young people are aware of economic violence in the family (manipulation of funds, financial dependence of one family member on another, a ban on managing funds, and other forms).

17% of respondents noted the presence of moral and psychological violence

66 Code of Misdemeanor No. 18 dated 1 February 2017. Ministry of Justice of the KR. Accessed on 11 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/111529>

67 "Kyrgyzstan: Pressure Builds to Protect Women and Girls". (28 May 2021). Human Rights Watch. Accessed on 11 July 2021, <https://www.hrw.org/ru/news/2019/05/28/330476>



(threats, insults, prohibitions, etc.). **4%** consider forced marriage (ala-kachuu, child marriage) as a form of violence. **33%** of young people do not know where to go for help if a person or a family member has been exposed to violence. **25%** believe it is necessary to seek help from the police.⁶⁸

One of the most vulnerable groups to violence are girls with disabilities who have difficulty accessing information. Girls with disabilities often do not have access to the Internet because they do not have the means to do so. Girls with disabilities who do not leave their homes will not go to the police, hospital or crisis center. In most cases, girls do not know the hotline numbers because they do not go to municipal agencies, where they can find out where to go for help. If NGOs do not work directly with women with disabilities and do not communicate with them in the course of their activities, victims of domestic violence do not know how to report it⁶⁹.

Sociological research makes available the following data defining access to justice for vulnerable youth.

Respondents are poorly aware of the existence of the Law of the Kyrgyz Republic "On Free State-Guaranteed Legal Aid" (FSGLA). Only **18.2%** of females and **14.2%** of males responded positively to this question. The youngest age group (14-17 years) is the least informed about this law, its awareness

level is **16.4%**, while the awareness level of the age group 18-24 and 25-29 is **18.3%** and **19%** respectively. The vast majority of informed respondents are people with higher or incomplete higher education (**34.2%** and **30.2%**, respectively). Urban residents are better aware of free legal aid guaranteed by the state (**15.1%**), and only **7.1%** of rural residents and **3.9%** of suburban residents positively assessed their level of awareness on this issue. Only **7.6%** of respondents who are aware of the law on FSGLA know where to get such aid.

In the specific group, **60%** of respondents have not heard of the law on FSGLA. The awareness level among young people aged 14-17 is only **31.3%**, among aged 18-24 it is **44%** and among young people aged 25-30 it is **33%**. In addition, only **23%** of females versus **46%** of males responded that they were aware of the existence of this law. At the same time **61%** of respondents have answered that they do not know where they can get this free legal aid.

The majority of representatives of PWDs has heard about the UN Convention on the Rights of Persons with Disabilities and is aware that the Kyrgyz Republic has ratified it. Such a response was given by **71.1%** of respondents. **27.3%** of respondents did not hear anything about the Convention, and **1.7%** found it difficult to answer. Rural residents are less aware of this Convention, **30.4%** of villagers have given a negative answer against **13.2%** of urban residents and **15.7%** of suburban residents.

73.7% of respondents do not know what the Ombudsman's Office is and what it does. **20.4%** of respondents are aware of the existence of the National Centre for the Prevention of Torture and Other

68 Youth survey on "Domestic Violence" 85% of young people believe that there is a problem of domestic abuse in Kyrgyzstan. (1 August 2021). Unicef. Accessed on 10 July 2021, <https://www.unicef.org/kyrgyzstan/ru>

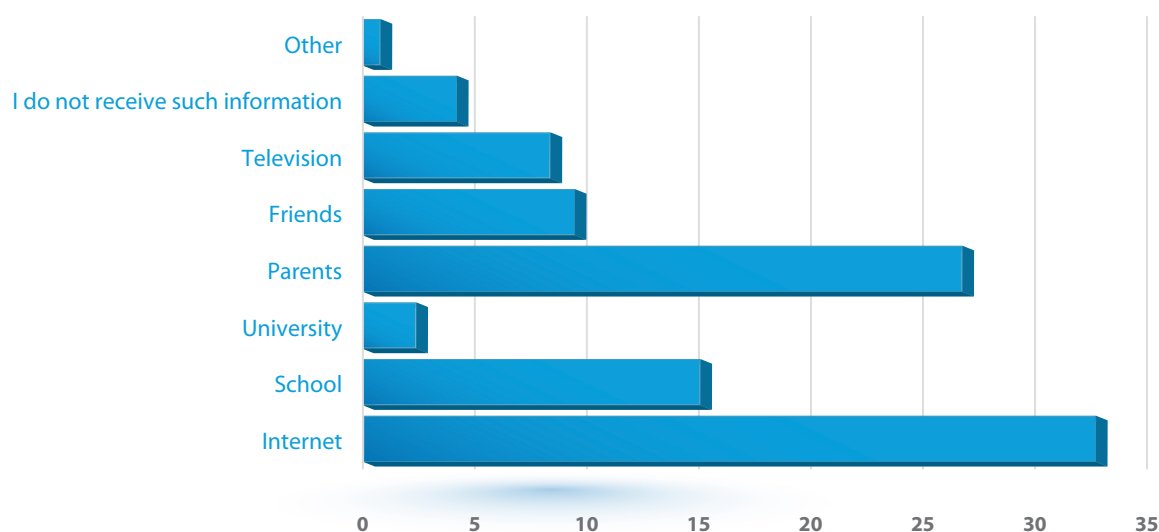
69 "Relatives make all the decisions: how to dress, what to eat, whether or not to go out of the house. How women with disabilities who survived domestic violence live in Kyrgyzstan". (29 June 2021). Amnesty International. Accessed on 7 July 2021 <https://eurasia.amnesty.org/2021/06/29/rodstvenniki-prinimayut-vse-resheniya-kak-odevatsya-chto-est-vyhodit-ili-ne-vyhodit-iz-doma-kak-zhivut-v-kyrgyzstane-zhenshhiny-s-invalidnostyu-perezshivshie-domashnee-nasilie/>

Cruel, Inhuman or Degrading Treatment or Punishment in the Kyrgyz Republic.

At the same time, **65.8%** of respondents from the specific group do not know what the Ombudsman's Office is and what

it does. Also, **60.7%** of respondents do not know about the National Centre for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the Kyrgyz Republic.

Diagram 30. Sources of legal information, %



The main source of information on law is the Internet (**32.79%**), **26.82%** of respondents tend to trust their parents and the legal information they provide, **14.1%** receive such information in school, **9.48%** - from friends, **8.4%** - through television, **2.4%** - in HEI, **4.27%** do not receive legal information at all, and **0.8%** get information from newspapers, from fellow countrymen and NGOs.

For **59.4%** of respondents in the specific group the main source of information on law is also the Internet, **29.1%** trust parents and relatives, **20.2%** - friends and acquaintances, **17.7%** - school, **6.3%** receive information on law in HEI and through television.

78.7% of respondents believe that their legal civil rights have never been violated, and **11.3%** believe that they have been violated. Males (**11.2%**) more often than females believe that their civil rights are violated (**8.2%**). **11.8%** responded that they had encountered cases where their rights had been violated. Respondents named offensive remarks or insults to their address as the most frequent form of rights violation (**30.9%**), followed by refusal of employment (**24.09%**). **12.2%** of respondents encountered denial of medical services, another **20.9%** were denied benefits. **5.9%** of respondents have experienced a refusal of admission to an educational institution or a refusal to provide educational services. All respondents believe that they have been refused illegally.



As for a specific group, **22.7%** claim that their legal civil rights have been violated. In addition, representatives of young people living with HIV (**60%**) noted that their rights were violated. Males (**44.4%**) more often than females (**33.3%**) believe that their rights have been violated. **5.6%** of gay, lesbian and bisexual people also answered that their rights were violated. Among the forms of violation of rights, respondents mainly mentioned offensive remarks or insults addressed to them (**58.3%**). Further, there was a refusal to hire (**11.1%**), a refusal to admit to an educational institution (**11.1%**), a refusal to provide medical services (**8.3%**), a refusal to provide benefits (**8.3%**) and refusal to change gender marker documents⁷⁰ (**2.7%**).

96.9% of respondents have never been illegally arrested. When asked if respondents had ever experienced discrimination based on gender, age, nationality, religion, language or regional origin, or sexual orientation, **93.7%** of respondents said no. Only **6.3%** of respondents said they had experienced such discrimination. The vast majority of cases were related to nationality and religion, two cases were related to the language barrier, one to gender, and one to sexual orientation.

In the specific group, **13.9%** of respondents have been illegally arrested. At the same time, **70%** of HIV-positive respondents noted that they had been illegally arrested. **35.4%** of respondents answered that they had been discriminated against based on gender, age, sexual orientation, nationality, religion, non-religiousness/secularity, language, regional origin. Most cases were related to sexual orientation, two cases were related to religion, and two cases were

related to nationality. Respondents living with HIV reported experiencing bullying (including at school) and discrimination based on orientation and identity, HIV status, religion, appearance, language, gender, origin.

40.08% of respondents believe that they know their rights and know how to assert them. **35.53%** have responded that they know their rights, but do not know how to assert them. **16.17%** do not know their rights, and **12.38%** found it difficult to answer this question. Urban residents are better informed about their rights and methods of their rights assertion, **43.4%** vs. **35.8%** in the rural areas and **36.5%** in the suburbs. The highest level of awareness of their rights is observed in the older age group (25-29 years old) and is **39.9%** respectively. The level of awareness of their rights among the younger and middle age group is 36.8 and **33.3%**, respectively. People with higher and incomplete higher education are most confident in their ability to assert their rights (**44.7%** and **46.5%**).

50.6% of respondents and the specific group know their rights and know how to assert them. **34.1%** have responded that they know their rights, but do not know how to act when they are violated, **5%** do not know their rights and freedoms, and **10%** have found it difficult to answer.

53.96% of respondents do not agree that laws do not protect human rights, **30.62%** agree with this statement, and another **15.42%** of respondents have found it difficult to answer this question. At the same time, **26.5%** of respondents agree that the rights of citizens can be violated if it is in the interests of the state. It should be noted that this opinion is especially common in rural areas, as this answer has been given by **29.3%**

70 Gender change certificate form

of respondents, which in itself is already an alarming factor. The same figure in urban areas is **15.1%**, and in the suburbs **13.7%**. Females are more likely than males to admit the possibility of violating their rights in the interests of the state, this opinion has been voiced by **30.5%** of women against **22%** of men.

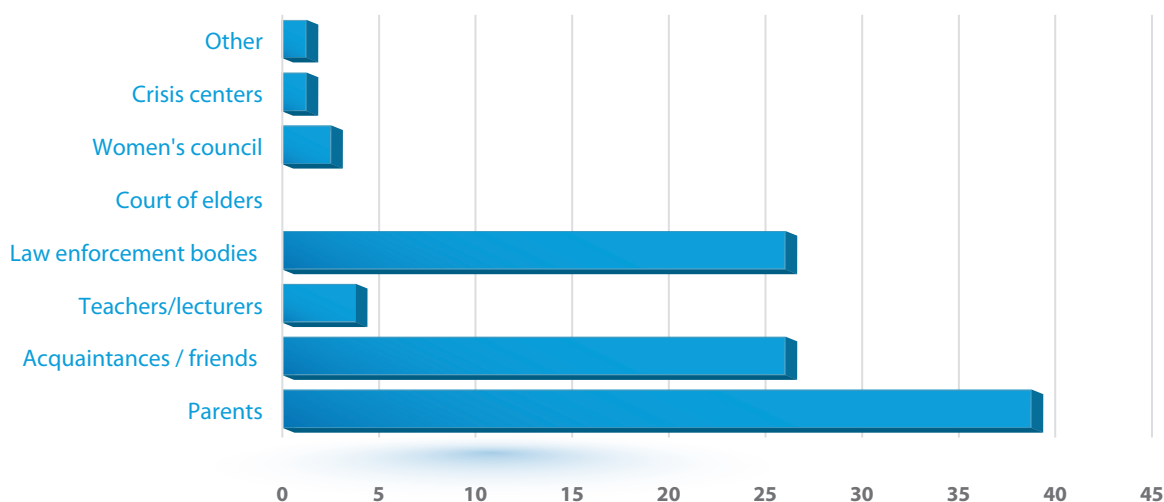
53.75% agree that citizens are afraid to defend their rights, **37.45%** disagree with this statement, and **12.36%** could not answer this question. **41.91%** of respondents agree that it is impossible to obtain the truth in court. This opinion was disproved by **37.45%** of respondents. **20.64%** found it difficult to answer this question.

43% of respondents from the specific group agree that the laws

do not protect human rights, **30%** have answered negatively and **26.5%** have found it difficult to answer this question. **70%** of respondents living with HIV believe that the laws do not protect rights in the Kyrgyz Republic. **64.5%** agree that citizens are afraid to stand up for their rights, with **74.5%** of respondents from cities, **5.9%** from suburbs, and **19.6%** from villages. Also, **40.5%** have responded that it is impossible to get the truth in court.

Only **6.17%** of respondents have sought help when their rights have been violated, and intend to do so each time if this happens in the future. **8.09%** have sometimes sought help, and **32.77%** have never sought help. **46.59%** of respondents believe that their rights have not been violated.

Diagram 31. Sources for seeking help in case of violation of rights, %



This diagram shows that almost $\frac{3}{4}$ of respondents tend to avoid the law enforcement system if their rights have been violated. Instead, they choose unqualified help from relatives, acquaintances and public institutions. Only **26.1%** of respondents appealed to the police, while **38.85%** went to their parents, **26.1%** to acquaintances

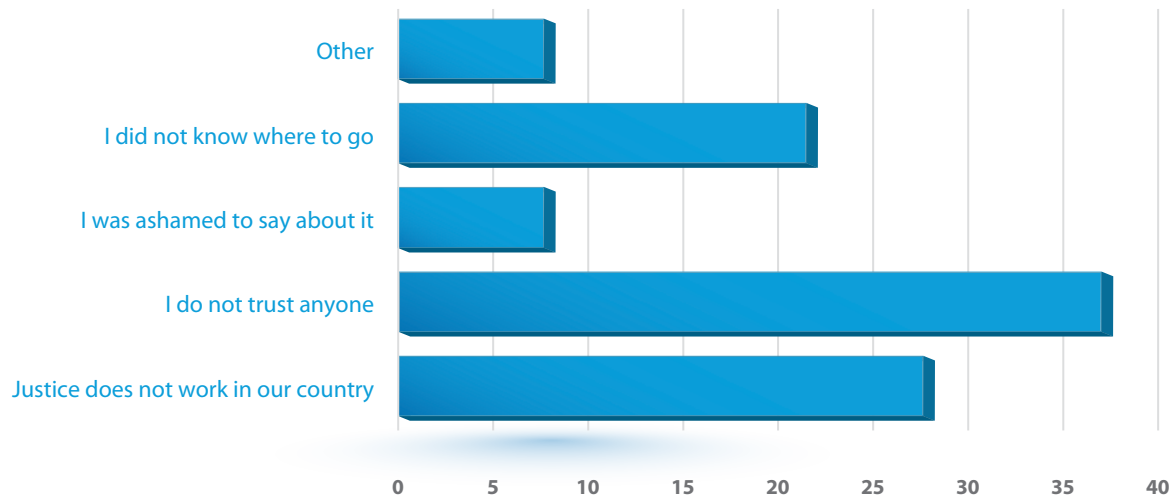
and friends, and **3.82%** to teachers. Public institutions are also not very popular among the respondents. Thus, **2.54%** of respondents turned to women's councils, crisis centers - **1.27%**, hospitals - **1.27%**, not a single respondent addressed the court of elders. **1.91%** turned to other institutions, such as embassies and consulates, as well as resorted



to the help of criminal authorities. Females more often than males tend

to go to law enforcement agencies (9.5% vs. 7.1%).

Diagram 32. Reasons for not seeking help, %



Among respondents who did not seek help in case of violation of their rights, 37.09% did so because they did not trust anyone, 27.69% were sure that justice in the Kyrgyz Republic did not work, 21.53% did not know where to go, and 7.69% were ashamed to admit that their rights were violated. 7.69% did not seek help because they were in another country or were afraid to admit that they were a victim of a violation of their rights.

In case of abuse, respondents are more likely to turn to parents and guardians (37.93%) and to law enforcement agencies (34%). 14.09% would prefer to go to friends, 3.59% to teachers, 2.85% to the court of elders, 2.55% to the women's council, 1.45% to crisis centers, and 1.2% to hospitals. 2.1% would prefer not to seek help at all.

Assessment of the data of the specific group shows that 41.7% of respondents had no cases of violation of rights, 26.5% of respondents sometimes asked for help when their rights were violated, 24% never

asked and 7.5% always asked. When asked who they turned to, the majority mentioned parents and relatives (56.5%), then friends and acquaintances (21.8%), police (15.6%), teachers (6.2%), crisis centers (3.1%), women's council (3.1%). Also, when asked where respondents would go in case of abuse or rights violations, the vast majority also mentioned parents/relatives (40.9%), then friends/acquaintances (31.8%), the police (15.9%), crisis centers (6.8%), hospitals (2.2%), women's councils (2.2%). Young people living with HIV in case of violation of their rights are more likely to turn to acquaintances (30%).

The absolute majority of respondents have encountered negative attitudes toward disability and a lack of understanding of the problems of persons with disabilities when applying for legal assistance. This response is given by 73.1% of respondents. Young males are more likely than females to experience negative attitudes due to disability (75.6% vs. 70.9%). Almost all PWDs living

in the city suffer from negative attitudes and indifference to their problems (94.3%), while in the village the figure is 68.7%. The situation in the suburbs is slightly different from that in the cities - 88.2% of PWDs are uncomfortable seeking legal assistance.

At the same time, the buildings of the courts, the bar, and the Ministry of Internal Affairs are mostly accessible to persons with disabilities. The accessibility index is 73.1%. Such buildings are partially accessible to 14.7% of respondents, and completely inaccessible to 7.8%. The index of accessibility of law enforcement buildings is higher in cities - 90.6%, in rural areas it is 70%, and in the suburbs - 80.4%.

ACCESS TO EMPLOYMENT OPPORTUNITIES

Based on the current socio-economic situation and the impact of the COVID-19 pandemic, the problem of employment is particularly relevant for vulnerable groups of young people. Research by the Soros Foundation (2018) shows that employment policies in the Kyrgyz Republic do not distinguish persons with disabilities (PWD) as a separate specific group of the population, which needs additional measures to facilitate their integration into the labor market. Disability in the Kyrgyz Republic is usually considered in terms of health care. Persons with disabilities receive benefits or pensions in accordance with the duration and group (category) of disability confirmed by medical certificates. The rehabilitation system mainly focuses on medical problems, leaving many aspects of social and professional rehabilitation out of its scope. Thus, social policy for people with disabilities is mainly focused on the payment of benefits and compensation, rather than on ensuring accessibility

to employment, creating jobs, or adapting work tools for such workers (Shevchenko, 2018).

Private sector employers are not interested in hiring people with disabilities, as they do not unreasonably consider their work to be less productive and more expensive than that of conditionally healthy workers (Shevchenko, 2018). Employers express a great deal of doubt about the competence of persons with disabilities as one of the main barriers to hiring. And yet, more than half of respondents (51%) in general responded that they would be willing to hire PWDs to fill the gap of staff shortage, if PWDs have an appropriate specialty and competence for certain vacant positions of IT specialists, PR and SMM managers, accountants, clerks and call center workers (Biyalieva, 2021).

Since PWDs in their majority do not receive vocational training, most have access only to the market of low-skilled and, accordingly, low-paid work. Persons with disabilities cannot work an 8-hour working day. Employment of persons with disabilities, in most cases, can only be accompanied (parent, guardian). In addition, hiring persons with disabilities requires the availability of appropriate infrastructure (ramps, elevators, equipped toilets, office furniture, etc.) (Shevchenko, 2018).

Compared to PWDs, persons released from prisons have even less chance of employment, as they are subject to greater social stigmatization. Post-penitentiary assistance in the re-socialization of children returning from prisons, who need employment, psychological assistance, and solutions to the problems of subsistence and survival, is not provided at the appropriate level,



which often leads to recidivism of crimes. **40-45%** of convicts go back to prison.

No funding is provided for rehabilitation and social reintegration programs for children who have served their sentences in an educational colony, which should be developed by the territorial divisions of the authorized body for the protection of children's rights⁷¹.

Most of the employment programs of international organizations are conducted in CCs⁷², but after release many released people are left to fend for themselves, their families and relatives turn their backs on them. There is a lack of research on the employment of released prisoners.

A number of government resolutions determine the list of professions and positions in which labor of people living with HIV/AIDS is not allowed. The list includes medical personnel who work directly with blood⁷³. However, many private employers require HIV medical clearance for positions for which there is no legitimate reason to require clearance⁷⁴.

A study by the public foundation "Prosvet" shows that the capital provides more employment opportunities for this category of the population. The percentage of working women was **36%** in the northern region of the country, **26%** in the southern.

The requirement of some private companies to provide a sanitary book, where an HIV test is a prerequisite, makes it very difficult to find a job. It should be noted that under Section 4 "Prohibition on restricting the rights and stigmatization of people living with HIV/AIDS" of Article 13 of Law No. 149 of 13 August 2005 "On HIV/AIDS in the Kyrgyz Republic" it is not allowed to refuse:

- to conclude or terminate an employment contract, except for certain types of professional activity established by a special list;
- to admit to educational and health care organizations, etc.

Orphans in employment experience difficulties associated with the unwillingness to consistently perform monotonous work, their low qualifications, inability to build relationships with the employer and the workforce⁷⁵.

There are no fundamental studies describing in detail the employment situation of other vulnerable categories of citizens. For example, employment opportunities for returnees, addicts, and other specific categories have not been studied, which is both a significant limitation of this study and a factor that increases its relevance for future decision-making.

71 Special Report of the Akyikatchy (Ombudsman) of the Kyrgyz Republic on Observance of the Rights of Children in Conflict with the Law. (2018). <https://ombudsman.kg/images/files/news/2018/specdokladi/detizzakon.pdf>

72 "New rehabilitation opportunities for prisoners in Kyrgyzstan". (18 November 2018). UNODC. Retrieved 11 July 2021 from <https://www.unodc.org/dohadeclaration/en/news/2018/11/new-rehabilitation-opportunities-for-prisoners-in-kyrgyzstan.html> "OSCE supports rehabilitation of drug and alcohol addicted prisoners in Kyrgyzstan". (21 May 2014). OSCE. Retrieved 11 July 2021 from <https://www.osce.org/bishkek/118802>

73 On the implementation of the laws of the Kyrgyz Republic "On HIV/AIDS in the Kyrgyz Republic. On Amendments and Additions to the Law of the Kyrgyz Republic "On State Benefits in the Kyrgyz Republic". Approved by Decree of the Kyrgyz Government No. 296 dated 25 April 2006. Accessed on 12 July 2021, <http://cbd.minjust.gov.kg/act/view/ru-ru/1747>

74 Needs and Demands of Women Living with HIV in the Kyrgyz Republic. (2017). PF Prosvet. Accessed on 7 July 2021, http://www.ewna.org/wp-content/uploads/2018/08/prosvet_report_2017_rus.pdf

75 Graduates of Orphanages in Kyrgyzstan: Assessment of Rights and Needs. (2015). Accessed on 7 July 2021, <https://www.usaid.gov/sites/default/files/documents/1861>

According to the results of the sociological survey, **23.7%** of respondents are employed or self-employed, **32.1%** study at school or HEI, **9.1%** combine work and study, **35.1%** neither work nor study. **15.4%** of females and **33.1%** of males are employed or self-employed, **34%** of females and **29.9%** of males are students, **7%** of females and **11.4%** of males combine work and study, and **43.5%** of females and **25.6%** of males do not study or work.

The majority of working respondents have a higher education (**55.3%**), while non-working respondents have no education (**61.1%**). At the same time, only **0.4%** of respondents have never worked and are not looking for work.

In the specific group **36.7%** of respondents are employed or self-employed, **21.5%** study at school or HEI or undergo training, **27.8%** combine work and study, and **13.9%** neither study nor work. Among those employed, **34.4%** of females, **55%** of males, **3.4%** of lesbians, **3.4%** of transgender people, and **3.4%** of respondents of the other gender. **88.3%** of females and **11.7%** of males are studying, **45%** of males, **45%** of females and **10%** of people of the other gender are not studying or working. Also, **54.5%** of males, **31.8%** of females, **4.5%** of bisexuals and **4.5%** of gays combine work and study.

The most common problem for which respondents do not have a job, as determined by the ranking method, is the lack or difficulty in obtaining a suitable job (104 responses), followed by respondents who have household duties that do not allow them to work (79 responses). In third place is the lack of necessary skills or qualifications (26 responses), and in fourth place is their

own illness or disability (25 responses). Less common were such reasons as language barriers, fear of making contact with the team, lack of access to transportation and buildings, bullying / harassment in the workplace, and lack of desire to work.

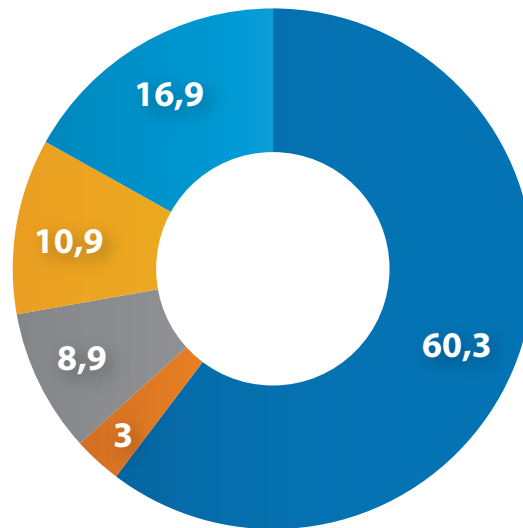
Among the reasons why respondents did not work and did not look for work, the predominant reasons were having young children or children with disabilities and lack of a profession. Only in one case was the answer received that a female respondent did not have permission to work from her husband.

The results show that young women and girls have more domestic responsibilities than young men and boys, and for this reason are limited in their work opportunities; there is no professional and personal development for them, since they must clean the house, look after the household, and look after the children and other family members.

Respondents from the specific group in the majority cited lack of necessary skills or qualifications, further inaccessibility of work, existing home obligations that do not allow them to work (care for parents and children), bullying/harassment from colleagues, lack of work in villages, and lack of education or diploma.

It should be noted that **70.83%** of respondents who are unemployed do not receive benefits from the state, and a small percentage of those who receive benefits (**21.3%**) note that these benefits are insufficient for life.

Diagram 33. Types of employment, %



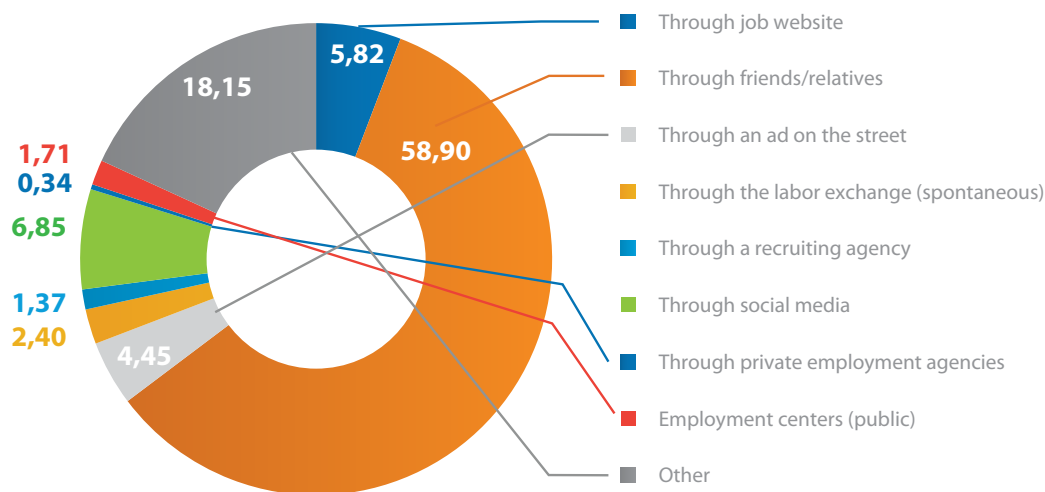
- in enterprise or organizations
- in farms
- in the sphere of individual entrepreneurial activity
- hired by individuals other than a farm
- in a private subsidiary farm (household), self-employed

The vast majority of respondents work or have worked in enterprises or organizations, the least number of respondents are employed in farms. By area of activity, most respondents are employed in agriculture, trade, construction, restaurant business, education, transport and tourism. Only some respondents have experience in information technology, food industry and network marketing.

Respondents of the specific group mostly work in enterprises/organizations

(50.8%), hired by individuals, except for farming (21.3%), in the sphere of individual entrepreneurial activity (19.6%), in personal subsidiary farming (household)/self-employed (13%), in farming (3.2%). According to the sphere of activity, the majority of respondents are employed in education, agriculture, trade, construction, sewing production, cafes/restaurants. A small proportion of respondents are engaged in information technology, transport activities, NGOs, human rights activities and sex work sector.

Diagram 34. Sources of information about vacancies, %



The most relevant source of information about vacancies is acquaintances and relatives (58.9%), 5.82% find jobs through job websites, 4.45% through street ads, 2.4% through spontaneous labor exchanges, 1.37% through recruitment agencies, 6.85% through social networks, 0.34% through private employment agencies, 1.71% through public employment centers. 18.15% of respondents find jobs through other sources, which include employment by recommendation, training with subsequent employment, and employment in the family business.

For respondents in the specific group the most relevant source of information about vacancies is also acquaintances and relatives (57.3%), in second place are social networks (29.5%), then job websites (11.4%), 3.2% of respondents found a job through ads on the street and 1.6% through the labor exchange.

The main difficulty in finding a job is the small number of vacancies for young people without experience (96 responses), the language barrier (39 responses), the need for advice on finding

a job (36 responses), the great competition in the labor market (35 responses), the inability to find a suitable job because of the profession (32 responses), lack of information about job websites (31 responses), health limitations (22 responses), employer refusal to hire because of status (15 responses), inability to use the Internet for effective job search (15 responses), poor communication (14 responses).

Respondents from the specific group mentioned the lack of opportunities for young people without work experience as the main difficulty (36.3%), followed by: great competition (19.7%), language barrier (9%), not knowing what job is right for them with their education (7.5%), employers not wanting to hire because of their status (7.5%), not knowing who to ask for job search advice (6%), no education (4.5%), inability to use the internet to effectively find work (4.5%), problems with documents (3%) and health conditions (1.5%).

Respondents tried to find jobs in trade, restaurant business, construction, education, agriculture, tourism



and hotel business, network marketing, ICT, transportation and food industry.

When asked about their motivation for seeking work in a particular field, **25.17%** of respondents said that it made no difference what field they wanted to work in, having a job was an end in itself; **18.62%** were motivated by high pay; **18.28%** had acquaintances who worked in the same field; **17.93%** were looking for work in their specialty; **14.5%** chose their field of employment based on preferences for job content; and **5.5%** chose work based on their health.

For respondents in the specific group **34.5%** did not care what field of work they were in, the main goal was to find a job. **23.6%** were looking for a job in their specialty, **23.6%** because of high pay, **14.5%** because of acquaintances working in the same field, **1.8%** responded that they were looking for a job considering their health capabilities and **1.8%** because of lack of education.

For **62.04%** of respondents the work is not at all related to their profession, for **19.59%** is closely related to the profession, and for **18.36%** is related only to a certain extent.

In the specific group, for **53.3%** of respondents the work is not at all related to their profession, **25%** is somewhat related, and **21.6%** is closely related.

When examining the time spent looking for work, it was found that **40.12%** of respondents had never managed to find a job before the time of the survey, **38.88%** had found a job between 0 and 6 months, **6.17%** of respondents had been looking for work for 6 to 12 months or more than a year, and **8.64%** had looked for more than 2 years.

50% of respondents in the specific group found a job between 0-6 months after receiving their specialty, **20%** still haven't found work in their specialty, **15%** found work between 6-12 months, and **14.5%** for more than a year.

56.78% of respondents have never used public employment services, **25%** had training, **5.5%** had vocational guidance, **2.97%** received unemployment benefits, **2.54%** had retraining, training in different areas, another **2.54%** participated in public works, **2.12%** used labor mediation, **0.42%** used free counseling in different areas.

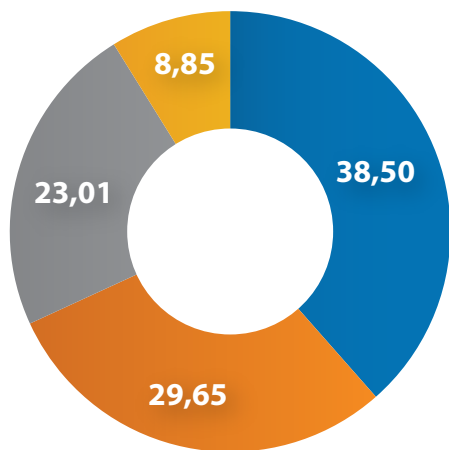
Among respondents in the specific group, **58.6%** never used public services to promote employment, **24.1%** had internships, **13.7%** participated in vocational guidance, **1.7%** received free consultations and **1.7%** participated in public works.

34.03% of respondents have temporary jobs, **33.18%** have permanent jobs, and **32.75%** have seasonal jobs. **37.71%** work more than 36 hours per week, and **28.94%** work less than 24 hours. **19.76%** have a flexible work schedule and **13.59%** work more than 24 but less than 36 hours per week.

66.6% of respondents in the specific group have permanent jobs, **24.5%** have temporary jobs, and **8.7%** have seasonal jobs. Also, **50%** work more than 36 hours per week, **33.3%** work more than 24 hours but less than 36 hours per week, and **16.7%** work less than 24 hours per week.



Diagram №35. Legality of income, %



■ Official ■ Not official
 ■ Partially official ■ I don't know

When being asked how you get paid, **38.5%** of respondents have said unofficially, **29.65%** receive official wages, **23.01%** do not know how legally their wages are paid, and **8.85%** receive part of their wages officially and part not. Only **20.81%** of respondents have employment contracts. The rest of respondents either have not been asked to sign an employment contract or do not know what it is. Only **5.9%** of respondents have not signed an employment contract for the purpose of tax evasion.

Among respondents in the specific group, **51.8%** receive official wages, **34%** receive unofficial wages, **12.5%** do not know if their wages are paid legally, and **1.8%** responded that they receive their wages partially officially.

According to respondents, the main difficulties in work are a lack of experience and knowledge, delays in the payment of wages, transport difficulties (public transport is not suitable for the respondents' needs), irregular working hours and overtime work, difficulties in communicating with colleagues, lack of career growth and opportunities for advanced training, inability to apply the education received, poor technical equipment of the workplace and the hostile attitude of colleagues.

The study of special needs and the position of PWDs on the labor market confirms the data of the desk study. **77.2%** of persons with disabilities consider themselves unclaimed in the labor market, because the employer is either not interested in hiring persons with disabilities, or cannot create working conditions for persons with disabilities. **82.32%** of persons with disabilities are aware that there is a quota for persons with disabilities. **52.9%** believe that quotas are ineffective, and the rest of the respondents do not know the answer to this question.

State employment organizations do not work effectively. They do not perform the function of finding jobs for those who apply. They promise to call back and do not. One respondent said: "There is no use of the employment service".

Based on the responses, we can conclude that the labor rights of vulnerable youth are not secured sufficiently, both due to economic and institutional and personal reasons, and state guarantees in the field of labor are not able to guarantee the realization of labor rights of vulnerable groups of young people.



ACCESS TO OPPORTUNITIES FOR CIVIC AND POLITICAL PARTICIPATION

Civil society in the Kyrgyz Republic is recognized by many as quite active. There are many examples of the application of all tools of civic participation in the country. Some instruments are applied by state authorities at the regional and national levels, others are applied by local governments.

Such tools include public hearings, communication events, creation of various platforms, as well as public monitoring and advisory councils at various levels. In recent years, the practice of creating Youth Advisory Councils in cities and aiyl aimaks of the country has become widespread.

At the same time, the civic participation of young people is still limited, although the state and society are taking significant steps to solve this problem.

In 2017, the CEC adopted Resolution No. 506 dated 7 October 2017 "On Ensuring the Voting Rights of Citizens with Disabilities During Elections and Referendums", according to which blind and visually impaired, deaf and hearing impaired voters, and voters with locomotor disabilities received conditions for participation in elections.⁷⁶

With the support of the OSCE, special means were created to help visually impaired or blind people, stencil bulletins in Braille and special magnifying glasses

76 Regulation on ensuring the implementation of electoral rights of citizens with disabilities during elections and referendums, CEC. Accessed on 7 July 2021, https://shailoo.gov.kg/ru/npacik/Polojeniya_CIK_KRBSHKnyn_Joboloru/polozenie-ob-obespechenii-realizacii-izbiratelnyh-p-rav-grazhdan-s-ogranichennymi-vozmozhnostyami-zdorovya-pri-provedenii-vyborov-i-referendumov/

in A4 format. Most of the CEC information videos on elections are produced with sign language interpretation. Also, with the help of partners, methodological manuals were published to understand the problems of disability and work with them for members of election commissions. In 2017, for the first time, 35 people with disabilities carried out independent observation of the voting procedure at polling stations⁷⁷.

Unfortunately, PWDs are almost the only category of young people whose civic participation is given special attention. There is a lack of research on the participation of migrants' children in the social and political life of the country. IOM research shows that moves related to the migration of parents create difficulties with the adaptation of a child in the new place. For many internal migrants moving to big cities or the capital, lack of knowledge of the Russian language can be a barrier to children's adaptation in their environment. For children living in cities it is more difficult to find friends. Here every fourth parent interviewed notes a lack of friends for his or her child in the new place of residence⁷⁸. The Search for Common Interests study identifies migrants' children as a vulnerable category of children who are not prepared for adult life because of negative experiences with social institutions and have social disengagement. The study shows that new technologies (smartphones, Internet, social networks) and religion (religious leaders, mosques and madrassas) play an important

77 Successes and achievements of the electoral reform in the Kyrgyz Republic and tasks for further improvement of the electoral system. (2018). OSCE, Civil Platform. Accessed on 7 July 2021, <https://www.osce.org/files/f/documents/7/e/437807.pdf>

78 Internal Migration in Kyrgyzstan: Barriers and Ways of Social Mobility. (2019). Accessed on 7 July 2021, <https://kyrgyzstan.iom.int/sites/kyrgyzstan/files/publication/%D0%92%D0%9C%20%D0%B2%D0%B5%D1%80%D1%81%D1%82%D0%BA%D0%B0%202019.pdf>

role in the formation of young people. An analysis of the responses from all actors (teens, parents, and school) shows that there is tension between teens and school, and between parents and their children, especially during adolescence. While factors such as telephones and strict demands on teachers and parents are catalysts for open conflict, the main causes lie in age differences, socioeconomic deficits, and the ability of adults in terms of time and opportunity to listen to their children's needs⁷⁹.

PLHIV faces several types of stigma that are barriers to their successful participation in public life.

According to a survey by the Central Asian Association of People Living with HIV (2017), because of societal discrimination, **34.7%** of respondents decided not to have children, **24.0%** decided not to start a family, **15.3%** decided to isolate themselves from family and children, **13.3%** decided not to work, **10.0%** decided to avoid social activities, **9.3%** decided to stop working, and **9.3%** decided to stop studying⁸⁰.

Several key informants have said that if a person outside a large city discovers that he or she has HIV, the first thing to do is to leave the village. This is because their HIV status would quickly become known among their neighbors, as well as because of fears of the stigma to which the family would be exposed. They reported that this would likely result in the children

being denied school and either being isolated within the family or abandoned. The general public considers HIV to be shameful. There is a general assumption that people living with HIV engage in immoral behavior, and thus it is believed that being HIV positive should be hidden from neighbors and even extended family members. For people living with HIV, the most common form of discrimination cited outside the health care system is dismissal from work.

Females living with HIV can be severely discriminated against in the community and even in the family. Discrimination in society plays a large role, as relatives may not want a woman to be treated because others in the community become aware of their HIV status, which embarrasses the family.

Social and religious forces also reinforce stigma and discrimination, sometimes leading to violence against key populations. As noted above, nationalist groups have not only attacked sex workers and LGBTI people, but have also advocated reclassifying sex work as "gay propaganda". In addition, some mullahs have called for violence against the LGBTI community during Friday prayers, including ordering religious people to kill LGBTI people wherever they find them. Key informants from the LGBTI community stated that the main perpetrators of violence against their community were police, members of certain sports clubs, and military school students, with transgender people most affected⁸¹.

79 Jashstan2: Youth as Agents of Peace and Stability in Kyrgyzstan. (2019). Search for common ground Kyrgyzstan. Accessed on 7 July 2021, sfcg.org/wp-content/uploads/2019/08/CA-and-BLS-Report_KYrgyzstan_UNPBF_April_2019.pdf

80 The people living with hiv stigma index (2015). Accessed on 12 July 2021, https://caapl.org/wp-content/uploads/2020/11/kyrgyzstan_stigma_index_report_eng_17_05_2017.pdf

81 Review of the barriers to access to HIV services for PLHIV, PWID, SW and MSM. Baseline estimate 2.0 (2018). Accessed on 12 July 2021, <https://ecuo.org/wp-content/uploads/sites/8/2019/01/bazovaja-ocenka-2.0-web.pdf>



Internal stigma also restricts PLHIV from participating in public life. This is expressed in the fact that females limit themselves in receiving certain services. Some HIV-positive females avoid situations that may lead to accidental infection of other people as much as possible⁸².

Victims of violence also experience certain limitations. Local civil society organizations have been active for many years in raising awareness about violence against women among the general public and promoting reforms in the Kyrgyz Republic. However, in doing so, they themselves have faced discrimination, harassment and arrest for attempting to exercise their rights to freely participate in associations and to assemble peacefully. This is illustrated by the unlawful detention of participants in the 2020 International Women's Day march in Bishkek⁸³.

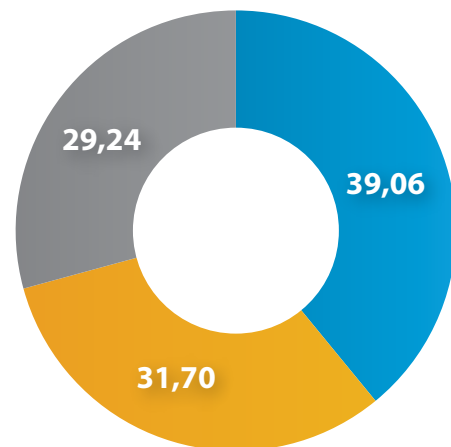
In 2015, in its Concluding Observations on the periodic report of the Kyrgyz Republic, the Committee on the Elimination of Discrimination against Women expressed concern about the "persistence of deeply rooted patriarchal attitudes and stereotypes about the roles and responsibilities of women and men in family and society that discriminate against women and perpetuate their

subordinate position in the family and society".⁸⁴

The USAID survey showed low social activity among orphanage graduates. Low activity is due to low self-esteem, low levels of trust, lack of social and practical skills, lack of a social support network, and general passivity.⁸⁵

The results of the sociological survey below indicate the state of access to opportunities for civic and political participation and describe respondents' attitudes toward this type of participation in their communities.

Diagram 36. Are there youth committees in your community? (%)



■ Yes ■ No ■ I don't know

82 Needs and Demands of Women Living with HIV in the Kyrgyz Republic, 2017, PF Prosvet. Accessed on 12 July 2021, http://www.ewna.org/wp-content/uploads/2018/08/prosvet_report_2017_rus.pdf

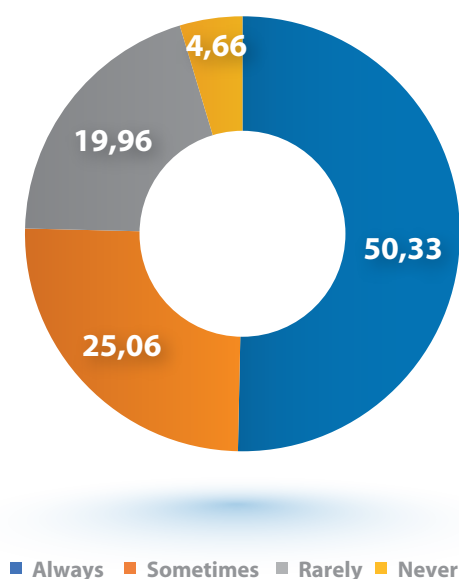
83 KYRGYZSTAN Violence against Women in Kyrgyzstan: Barriers to Access to Justice, the Right to a Fair Trial and the Right to Freedom of Peaceful Assembly. (2020). American Bar Association. Accessed on 12 July 2021, https://www.americanbar.org/content/dam/aba/administrative/human_rights/justice-defenders/vaw-kyrgyzsta.pdf

84 "Relatives make all decisions: how to dress, what to eat, to leave or not to leave the house". How women with disabilities, survivors of domestic violence, live in Kyrgyzstan. How disabled women survivors of domestic violence live in Kyrgyzstan". (29 June 2021). Amnesty International. Accessed on 12 July 2021, <https://eurasia.amnesty.org/2021/06/29/rodstvenniki-prinimayut-vse-resheniya-kak-odevatsya-chno-est-vyhodit-ili-ne-vyhodit-iz-doma-kak-zhivut-v-kyrgyzstane-zhenshhiny-s-invalidnostyu-perezvivshie-domashnee-nasilie/>

85 Graduates of orphanages in Kyrgyzstan. (2015) <https://www.usaid.gov/sites/default/files/documents/1861>

Youth committees are an effective tool for youth participation in decision-making. **39.06%** of respondents indicated that there are youth committees in their communities, **31.7%** chose a negative answer, and **29.24%** did not know the answer to this question..

Diagram 37. Frequency of participation in political elections as voters, %



Among respondents in the specific group, **27.8%** said that youth committees exist in their communities, **48%** said they did not know, and **24%** said there were no youth committees.

50.33% of respondents always participate in political elections as voters, **25.06%** sometimes, **19.96%** rarely, and **4.66%** never. **33.4%** of respondents cannot vote because they have not reached the age barrier, **7.1%** are

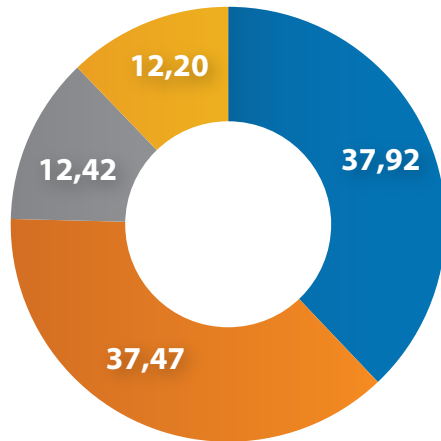
not interested in politics. Of these, females are more interested in politics than males. Only **4.6%** of females have answered that they are not interested in politics, compared with **9.8%** of males. **5%** of respondents (of which **2.8%** of females and **7.5%** of males) believe that their vote does not decide anything. **1.7%** of respondents find it difficult to get to the polling stations. **0.7%** cannot vote because polling stations are not equipped for their needs. **52.1%** of respondents have found it difficult to answer the question of why they do not go to the polling stations.

In the specific group, **51.9%** of respondents never participate in political elections, of which **56.1%** are females and **36.6%** are males. **21.5%** of respondents always participate in elections, among them **35.3%** of females versus **58.8%** of males. **21.5%** of respondents sometimes vote, including **47.3%** of young men, **35.3%** of young women, **5.9%** of gay men, **5.9%** of bisexuals, **5.9%** of lesbians, and **5.9%** of transgender people; **5%** of respondents rarely vote.

Among the reasons for not participating in political elections, respondents from a specific group have responded that they cannot vote because they have not reached the age barrier (**43.1%**), are not interested in politics (**34%**), believe that their vote does not solve anything and the results of the election are predetermined (**15.9%**), it is difficult to get to the polling station (**4.4%**), polling stations are not equipped for their needs (**2.2%**).



Diagram 38. Participation in community life, %

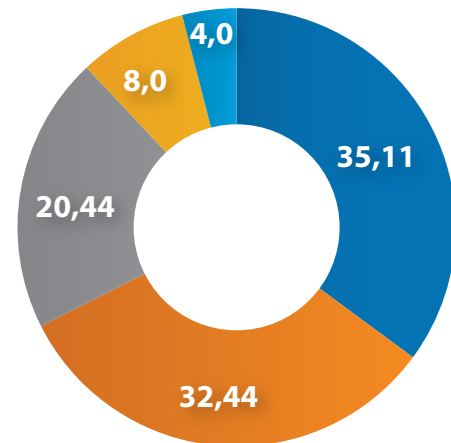


- Yes, I participate ■ No, I do not participate
- I don't participate, but I would like to
- I don't know what you're talking about

37.92% of respondents participate in community life, 37.47% do not participate, 12.42% do not participate but would like to, and 12.20% do not understand what kind of participation we are talking about. Urban youth are more likely to participate in community life (43.2%), while only 32% of rural and 17.6% of suburban youth participate in community life. Females and males are almost equally active in community participation. The participation delta between males and females is 1.2% in favor of females.

90% of respondents who have indicated that they participate in community life take part in public hearings; 4.6% are members of youth committees, 2% participate in budget hearings, and 3.3% participate in other forms (e.g., community clean-ups, social media on behalf of the community, volunteering, community events, and civic activism).

Diagram 39. Reasons for non-participation in public life, %



- I do not know how to do this, there is no information
- I have never heard of such events (no one invited)
- I have no opportunity to participate, no time or desire
- I do not believe in the results of such events
- Other

35.11% of respondents do not know exactly how to participate in community life, 32.4% have never heard of such events, 20.44% have no opportunity, time, or desire, 8% do not believe in the results of such events, and 4% are busy studying or working.

At the same time, 36.7% of respondents actively discuss community news in social networks, 10.8% are involved in volunteering, 9.3% actively distribute informational materials online and participate in the distribution of printed materials. The rest are members of various organizations, participate or conduct training and/or participate in one-time actions.

43% of respondents of the specific group participate in the social life of their communities. Of these, 50% are male, 35.3% are female, 5.9% are gay, 2.9% are bisexual, 2.9% are lesbian, and 2.9% are transgender. 27.8% do not participate in public life, 15.1% do not but would like to, 13.9% do not understand what we are talking about.

Among those participating in public life, 32.6% take part in public hearings, 18.3 are members of initiative groups, 16.3 are civic activists, 15 participate in clean-up events, 13 are members of parties, and 4.8% are members of youth committees.

The majority of respondents in the specific group have indicated that they do not have the opportunity, time, or desire to participate in community activities (51.9%), 29.7% do not have the necessary information on how to participate, 11.1% do not believe in the results of activities, and 7.4% have never heard of such activities.

In general, more than one-third of respondents are able and engaged in civic participation. The figure for political participation as voters exceeds 50%. However, about 60% of respondents remain outside of public life, more often due to personal choice.

GENERAL FINDINGS OF THE STUDY

The conducted documentary and sociological research, as well as the comparison of the data obtained, confirmed that vulnerable categories of young people really experience significant restrictions in the main spheres of life, which are an obstacle to the realization of their rights and legitimate interests. These restrictions apply to all basic accesses guaranteed by the Kyrgyz Republic.

Access to Education

Educational services are limitedly accessible to representatives of vulnerable categories of young people. The leading role in these limitations is played both by traditional stereotypes, psychological barriers, and insufficient organization and preparedness of the education system for inclusion and comprehensive satisfaction of educational needs of vulnerable groups.

Only 45% of children of internal migrants have access to pre-school education. Every fifth internal migrant in Bishkek believes that there are no pre-school classes in the neighborhood. The largest number of uninformed migrants is recorded among the youngest group of respondents who do not have relatives living in the cities.

A barrier to education for children of migrants is the remoteness of schools from their place of residence. The average distance to school is 2.8 km, and the pedestrian accessibility guaranteed by the state is fixed at 4 km. At the same time, in other CIS countries walking distance is considered to be no more than 1 km. Such norms are established based on the physical characteristics of younger students, and also provide an inclusive approach, as a distance of 4 km cannot be



accessible to persons with disabilities. Also, children with disabilities face restrictions, as the methodology of specialized commissions is outdated and contains restrictions on diagnoses, which the world practice has long excluded from the list of diseases that prevent education in a regular school.

The limited access of convicts to education is due to the poor material base of these educational institutions - outdated equipment and dilapidated facilities, lack of teaching aids and materials, and the use of outdated methods and approaches in education.

In addition, graduates of such institutions are stigmatized in society, primarily in the educational system. The problem of stigmatization in the educational process is also characteristic of young people living with HIV/AIDS, drug addiction and other addictions, as well as LGBTQIA+. Medical staff becomes a source of disclosure of the status of children and their parents; kindergarten administrators refuse to allow such children to attend kindergarten; parents of healthy children do not allow their children to have contact with HIV-positive children.

The Law of the Kyrgyz Republic "On State Guarantees for Ethnic Kyrgyz Returning to the Kyrgyz Republic" regulates the conditions of reception of ethnic immigrants, streamlines the process of returning ethnic Kyrgyz to their historical homeland, protects the rights and legitimate interests of immigrants, and creates conditions for their social and economic adaptation. Despite the benefits and quotas, according to the Migration Service of the Kyrgyz Republic, both returnee boys and girls rarely spend time and resources on education - out of a total of over 10,000 people with

this status, only a fifth receive education. Of these, 2,539 children receive school education, and 1,459 returnee students study at HEIs.

According to the results of the sociological study, the main issue is the financial accessibility of secondary education. It turned out to be the most accessible to respondents living in cities and suburbs (64.2% and 66.7%, respectively), the least accessible - to rural residents (59.9%). Also, the level of physical accessibility of schools remains low. 40.83% of respondents from vulnerable categories of youth consider schools as completely physically inaccessible, and only 6.51% reported complete physical accessibility. Physical accessibility is understood as the presence of special infrastructure for persons with disabilities, which includes ramps, availability of wide elevators, equipped sanitary facilities, etc. 29.97% of respondents are not satisfied with transport accessibility of schools.

Among the reasons why young people do not receive secondary education the first place is taken by the lack of financial opportunities (26.3%). The second most frequently cited reason for not attending school is household duties. This opinion was expressed by 17.3% of respondents. In the city this figure is 13.2%, in the village - 15.7%, and in the suburbs - 35.3%. At the same time, in terms of gender, household duties are more often a barrier for young men than women. This opinion was expressed by 18.5% of men versus 16.1% of women.

Also, the process of organizing the educational process reduces the degree of its accessibility. Despite the fact that distance (home) education has been actively developed in the country during 2020, only 26.2% of respondents have

such experience, with respondents from villages and suburbs being more familiar with this form of education than city residents (26.5% and 29.4% respectively vs. 18.9%). In general, respondents are satisfied with this form of education, only 7.6% of respondents have indicated that they are either not satisfied or completely dissatisfied with learning at home. The reason for this, they say, is the poor provision of educational materials, the inability to communicate with classmates, and the need to wait for teachers who do not show up for online classes on time. Respondents noted that it was difficult for them to study without teachers, to organize self-control, often classes were organized rarely (once a week), in some cases respondents were faced with a negative attitude of the teacher to the form of education, which he/she transformed to students.

More than half of respondents have access to vocational and higher education. As a result of processing statistical data on the accessibility of higher education among age groups, a tendency was revealed for its accessibility to decrease with increasing age of the respondents. Girls consider higher education less accessible to them than boys (9.8% versus 5.5%). At the same time, it is fully accessible to 61.8% of girls and 58.3% of boys.

The study of awareness of different levels of education demonstrates that respondents are better informed about school and vocational education than about higher education. Despite the high level of awareness, only 20.3% of respondents have or are pursuing higher education. Only 3.44% took advantage of educational quotas for those with signs of vulnerability.

20.33% of respondents have experienced bullying and discrimination. The overwhelming number of respondents who experienced bullying and discrimination experienced it at school (82.75%). The sources of bullying and discrimination in most cases are classmates (51.7%), with teachers in the second place (27.6%). Only 1.1% of respondents had experienced discrimination from the administration of educational institutions, while the rest had other experiences unrelated to educational institutions.

Access to Information and Information Platforms

By and large, we can admit that, in principle, young people from crisis categories have relatively free access to information channels and platforms. However, access to reliable information is limited due to both objective and subjective reasons.

Physical accessibility of information channels. The Internet is accessible to 59.69% of respondents. But to access it, 95.9% of respondents use smartphones, which are significantly inferior to other electronic devices in terms of functionality of search, use and dissemination of information.

Reliable sources of meaningful information. The vast majority of respondents use Facebook and Instagram news channels to read news, as well as news agency websites. And meaningful information (e.g., about their own rights) is preferred by television channels (33.33%). The most popular source of information about health (for 35.96% of respondents), employment (33.58%), education (29.29%) is the Internet.



The Internet has become a trusted and virtually the only source of meaningful information for young people. Credibility is sacrificed in favor of ease of finding, systematizing and using information. The exception is the education system, which has managed to compete with unreliable sources (relatives, acquaintances, social networks) due to the fact that a teacher is close to young people and is in the orbit of their attention. Obtaining information from the Internet is very popular. At the same time, it should be noted that it is not always accessible to PWDs. Only **69.9%** of respondents have answered that they can use the information on official websites, because it is adapted for the visually impaired.

Access to Health Care and Related Social Services

Accessibility of the health care system and related social services for representatives of vulnerable categories of youth is limited and conditional. This is due to many factors of both objective nature and purely subjective attitudes and stereotypes.

Bureaucracy. Most of the surveyed young people traditionally prefer to seek medical care in the polyclinic at the place of residence (**53.16%**). However, the system of public health care of the Kyrgyz Republic has been formed in the Soviet period and therefore is extremely bureaucratized, based on territorial (geographical) assignment of consumers of medical services at the place of official registration, issuing a lot of certificates and filling out forms. For many vulnerable young people, this procedure becomes an insurmountable barrier to receiving medical care and services. Particularly vulnerable to this are PWDs. They are forced to undergo annual certification of their disability according to outdated

procedures and with a huge amount of accompanying documentation. In addition, the children of migrant workers, who are left without their parents for long periods of time and do not actually live behind the main place of registration of their place of residence, suffer.

Economic inaccessibility. For the majority of respondents, medical services are not always financially affordable. This was noted by **45.04%** of respondents. And almost **20%** always face such difficulties. This situation is especially typical for residents of cities (**20.8%**). It is the seeming accessibility of state medical institutions that makes young people choose from vulnerable categories.

Drugs and medicines are selectively accessible to the majority of respondents (**40.1%**). **19.8%** of respondents are forced to use only cheap medicines.

Infrastructural (territorial) inaccessibility. Vulnerable youth often face rare and difficult to treat illnesses. This is especially true for PWDs. It is a problem for them to get qualified medical care in their community. **22.34%** of respondents from these categories have to go to another city for medical assistance, and **13.88%** have to go to another region. For **12.58%**, medical services are available only in commercial medical institutions. The leading reasons cited by respondents were the lack of specific treatment for their diseases (**40.69%**) and insufficient quality of medical services at their place of residence (**26.84%**). Medical specialists, according to the majority of respondents (**35.7%**), are accessible variably - some are accessible and some are not. **10.81%** of respondents have noted that all basic medical specialists are not accessible to them. That is, on average, the majority



of necessary medical specialists are inaccessible to every tenth representative of youth from vulnerable categories. Moreover, this problem is more acute for urban residents than for rural residents (3.8% vs. 1.3% respectively).

Low professional level of medical specialists. The quality of medical services in state medical institutions is assessed by the majority of respondents in a variable manner - some services are of high-quality, some are not (45.85%).

15.4% of respondents note that they have experienced discrimination and stigma by medical personnel. The majority of those discriminated against are females. 14.7% of females and 9.1% of males responded positively to this question. Among the forms of discrimination in the health care system the rude attitude of medical personnel prevails - this was noted by 47.62% of respondents. Also inappropriate expressions on the part of the medical staff (21.9%), refusal to respect the rights of patients to receive free medical services (15.24%), refusal to provide medical care (12.38%) are very common. At the same time the rude attitude of medical personnel is leading both in the city and in the village. But its impact is more often experienced by females than by males (7% vs. 1.8% respectively).

Low level of educational work. The prevailing attitudes and stereotypes have a great influence on the accessibility of medical services. Often, in matters of maintaining health, medical specialists are not perceived with due confidence. For example, 39.68% of respondents received information on the preservation of reproductive health from their parents, not from medical specialists. And at the same time, 83.72%

of respondents do not have any information about the preservation of reproductive health. These are mainly rural residents (68.4%). Parents are also the most comfortable and trusted group when discussing reproductive health issues for 34.97% of respondents.

68.95% of respondents do not know where they can take an HIV test. The majority of respondents who do not know where to take an HIV test are from urban areas - 60.4%, whereas from rural areas such responses are 56.5%, and from the suburbs - 37.3%. 64% of respondents have not yet visited a gynecologist.

Access to Justice and Legal Services

Representatives of vulnerable groups of young people have limited access to justice and legal services due to systemic legislative, institutional, social problems and behavioral stereotypes (lack of habit to apply to competent authorities/low accessibility to competent authorities). The law enforcement practices of both law enforcement bodies and other institutions of state power are of great importance in the fact that access to justice is limited. The low level of trust in law enforcement bodies, the judiciary and public institutions is also one of the determining factors affecting access to justice among vulnerable youth.

Systemic legislative problems primarily concern the labor rights of PWDs, since existing legislative norms seriously limit the rights of persons with disabilities of groups I and II to work, as well as slow the development of new forms of business oriented toward PWDs, and restrict associations of persons with disabilities in organizing income-generating activities, which is successfully developed in world practice.



There are no judicial precedents for the protection of labor rights of persons with disabilities. Not a single government agency complies with the norms of 5% of job quotas, which significantly violates the rights of such people.

According to the CPC, PWDs who are deprived of legal capacity are unable to apply to law enforcement agencies without a legal guardian, who, in turn, is often an aggressor. This problem is especially relevant in neuropsychiatric dispensaries, since the dispensary itself is often the guardian of such persons.

People living with HIV/AIDS are also discriminated against, as the legal provisions change the interpretation of the necessary security, and leave a lot of room for illegal examinations by employers, as well as for subsequent unjustified refusals of employment, the challenge of which has a very illusive judicial perspective. Also, the norms of the Law of the Kyrgyz Republic "On the Protection of Public Health in the Kyrgyz Republic" (approved by Law No. 6 dated 9 January 2005, Article No. 74 "Consent") deprive adolescents of the right to receive medical care without parental consent if parents are aware of the problem can lead to violence.

Problems of law enforcement practice are related to the fact that it is difficult for representatives of vulnerable youth to protect their rights. According to the survey results, the majority of young people do not see any problems in the legislation that would prevent them from obtaining legal assistance and protection. However, 73.1% of respondents face an unfriendly attitude in the process of applying to law enforcement agencies and state institutions, which is an obstacle to obtaining quality legal assistance.

Almost half of respondents (41.91%) believe that it is possible to assert their rights and obtain the truth in court, and only every 4th respondent is ready to turn to law enforcement agencies to protect their rights.

The problem of distrust of law enforcement agencies is related not only to the problems of how vulnerable young people are treated within the walls of these institutions, but is also closely linked to the problem of ensuring that the law enforcement process has the tools and professionals guaranteed by law. Investigative agencies do not always apply measures for the rapid investigation of criminal cases against minors.

Systemic child justice programs do not work. Training of police officers, prosecutors, legal and other representatives of a child, judges, probation officers, social workers and others is essential and must be carried out on a systematic and continuous basis. These specialists must be well informed about the peculiarities of the physical, psychological, mental and social development of children, especially adolescents, as well as the special needs of the most vulnerable children. Currently, this process is not provided either in terms of infrastructure or human resources. Courts, in turn, rarely impose non-custodial forms of punishment, or impose previously excluded forms of punishment at all.

Institutional problems are related to the fact that the state institutions have poor success in providing legal aid and protecting the rights of vulnerable youth. The study has revealed that the vast majority of respondents is not aware of the Law of the Kyrgyz Republic "On Free State-Guaranteed Legal Aid" and is not aware of where it

can be obtained. In addition, respondents prefer to turn to relatives, acquaintances and friends for legal assistance rather than to institutions of state power and local self-government, which demonstrates, first of all, that respondents are unaware of where they should turn and what kind of legal assistance they can get.

Despite the insufficiently high level of popularity of applying to the state bodies among the respondents, the level of trust in the usefulness of public institutions is at a disproportionately lower level. The percentage of respondents who consider effective public institutions (court of elders, women's councils, crisis centers and NGOs) and are ready to apply to them for help does not exceed **2.54%**.

Social and behavioral constraints in access to justice and legal aid lie in the action of such destructive stereotypes as the habit of seeking legal information from incompetent sources (relatives, friends, teachers, etc.) rather than professionals. This habit persists despite the fact that young people from vulnerable groups prefer to receive information from the Internet, which has sufficient qualified legal professionals who provide free assistance and high-quality materials.

It is also of particular concern that more than a quarter of respondents are willing to sacrifice their civil rights in favor of the interests of the state, especially females who live in rural areas. Such attitudes and stereotypes make them even more vulnerable to various kinds of violence, including economic violence.

In addition, this study has shown that marginalized groups such as returnees, people living with addiction, and victims of violence still require specialized assistance and a special

approach to informing them of their rights, access to justice, and legal remedies due to their exclusion.

Access to Employment Opportunities

Based on the current socio-economic situation and the impact of the COVID-19 pandemic, the problem of employment is especially relevant for vulnerable youth groups. However, based on the research data, it can be concluded that the right to work is one of the most difficult to enforce rights for vulnerable youth groups.

At the institutional level, the problem of ensuring the labor rights and employment of vulnerable groups is complicated by several factors. First of all, employment policy in the Kyrgyz Republic does not distinguish people with disabilities as a separate specific population group that needs additional measures to facilitate their integration into the labor market. Thus, social policy with respect to persons with disabilities is mainly focused on the payment of benefits and compensation, rather than on ensuring access to employment, creating jobs or adapting work tools for such workers. The existing quota system for persons with disabilities is known to representatives of this group, but **52.9%** of respondents from this group consider it ineffective and rely only on their own efforts. At the same time, **77.2%** of PWDs consider themselves unclaimed in the labor market, which significantly reduces their chances of securing a decent lifestyle.

The state does not provide funding for rehabilitation and social reintegration programs for children who have served their sentences in an educational colony, which should be developed by the territorial divisions of the authorized



body for the protection of children's rights. The absence of such programs reduces the chances of young people released from prison for employment. Moreover, they are vulnerable to stigmatization by society and employers.

Also, stigma-related employment difficulties are experienced by persons living with HIV/AIDS. Often, employers require medical clearance of such individuals, even if they do not apply for blood-related positions, and they are often illegally denied employment because of their positive HIV status.

However, it is not only those with special status who are socially stigmatized or rejected that have limited access to employment opportunities. Only **32.8%** of respondents have a job at the time of the survey.

The most common problem that caused respondents to be unemployed was the lack of or difficult access to suitable work, followed by respondents who had household duties that prevented them from working. The third place is taken by the lack of necessary skills or qualifications, and in fourth place is one's own illness or disability. Less common are such reasons as language barriers, fear of making contact with the team, lack of access to transportation and buildings, bullying/harassment in the workplace, and lack of desire to work.

State systems of assistance to citizens in the employment process are relatively effective. Only **0.34%** of respondents were able to find a job through public employment centers, while **43.22%** used vocational guidance services, training, labor mediation, free counseling, or unemployment benefits.

Among the socio-economic problems of employment, the first place is taken by the lack of suitable jobs, which is a country-wide problem. The second place is taken by household duties, which do not allow respondents to work. The third place - the lack of necessary skills.

In addition, a significant limitation is observed in the spheres of application of labor of vulnerable groups of young people. Most respondents are employed in agriculture, trade, construction, restaurant business, education, transport and tourism. Only a few respondents have experience in information technology, food industry and network marketing.

Young people from vulnerable categories have to look for a job for a long time (on average, about a year), which is due to the lack of necessary skills, economic and physical inaccessibility of jobs, as well as low motivation of young people, which is formed due to the lack of prospects of good earnings, career growth and social and legal guarantees. According to the survey results, only **20.81%** of respondents have employment contracts, and **29.65%** receive official wages (employed under an employment contract or order). Due to this fact, more than **70%** of young people remain without social and other guarantees in the labor market.

Nevertheless, young people consider the lack of experience and knowledge, delays in the payment of wages, transportation difficulties (public transportation is not suitable for the needs of respondents), irregular working hours and overtime work, difficulties in communication with colleagues, lack of career growth and opportunities for professional development, inability to apply their education, poor technical equipment

of the workplace and unkind attitude of colleagues to be the biggest challenges in the workplace.

Access to Opportunities for Civic and Political Participation

In recent years there has been a significant expansion of opportunities for civic and political participation in the country through the development of their tools. Such tools include public hearings, communication events, creation of various platforms, as well as public monitoring and advisory councils at various levels. In recent years, the practice of creating Youth Advisory Councils in cities and aiyl aimaks of the country has become widespread.

At the same time, the civic participation of young people is still limited, although the state and society are taking significant steps to solve this problem.

In 2017, the CEC adopted Resolution No. 506 dated 7 October 2017 "On Ensuring the Voting Rights of Citizens with Disabilities During Elections and Referendums", according to which blind and visually impaired, deaf and hearing impaired voters, and voters with locomotor disabilities received conditions for participation in elections. Unfortunately, PWDs are almost the only category of young people, whose civic participation is given special attention. There are no studies on the participation of migrants' children in the social and political life of the country, and there are no detailed studies on the participation of returnees, people living with addiction and many other vulnerable groups.

The situation is somewhat better in the area of civil political participation

of people living with HIV/AIDS and victims of violence. According to a survey (2017) of the Central Asian Association of People Living with HIV, because of societal discrimination, **34.7%** decided not to have children, **24.0%** not to start a family, **15.3%** to isolate themselves from family and children, **13.3%** not to work, **10.0%** to avoid social events, **9.3%** to stop working, and **9.3%** to stop studying. Several key informants have said that if a person outside of a large city discovers that he or she has HIV, the first thing to do is to leave the village. This is due to the fact that their HIV status would quickly become known among their neighbors, as well as the fear of the stigma to which the family would be exposed.

Social and religious forces also reinforce stigma and discrimination, sometimes leading to violence against key populations and severely limiting their civic and political participation. As noted above, nationalist groups not only attack sex workers and LGBTI people, but also advocate for the reclassification of sex work as "gay propaganda".

Victims of violence also experience certain limitations. Local civil society organizations have been active for many years in raising awareness of violence against women among the general public and promoting reforms in the Kyrgyz Republic. And yet, in doing so, they themselves have faced discrimination, harassment and arrest for attempting to exercise their rights to freedom of association and peaceful assembly. This is illustrated by the unlawful detention of participants in the 2020 International Women's Day march in Bishkek.

According to the results of sociological research we can conclude that the general



group of vulnerable youth still has access to political and civic participation. **50.33%** of respondents always take part in political elections as voters, **25.06%** - sometimes, **19.96%** - rarely, and **4.66%** - never. **33.4%** of respondents cannot vote because they have not reached the age barrier, **7.1%** are not interested in politics.

37.92% of respondents participate in community life. Urban youth are more likely to participate in community life (**43.2%**), while only **32%** of rural and **17.6%** of suburban youth participate in community life.

90% of respondents who have indicated that they participate in community life take part in public hearings; **4.6%** are members of youth committees, **2%** participate in budget hearings, and **3.3%** participate in other forms. Other forms of participation include participation in community clean-ups, maintaining community social networks, volunteering, participating in community events, and civic activism.

At the same time, almost as many young people are excluded from community life. Of these, **35.11%** of respondents do not know exactly how to participate in community life, **32.4%** have never heard of such events, **20.44%** have no opportunity, time, or desire, **8%** do not believe in the results of such activities, and **4%** are busy studying or working.

In general, more than one-third of respondents are able and engaged in civic participation. The figure for political participation as voters exceeds **50%**. However, about **60%** of respondents remain outside of public life, more often due to personal choice.

RECOMMENDATIONS FOR IMPROVING THE SITUATION

For Legislative Authorities

- Develop and adopt a law stipulating liability for bullying in educational institutions, or add relevant articles to the Children's Code and other legislative acts in the package of anti-discrimination legislation.
- Revise the norms relating to employment opportunities for people with disabilities of groups I and II.
- Revise the norm of the Law "On Protection of Public Health in the Kyrgyz Republic" (approved by Law No.6 dated 9 January 2005, Article 74 "Consent") to provide greater guarantees to adolescents living with HIV, as well as the opportunity to enjoy the care of alternative institutions in the process of obtaining health services.
- Revise the norms of the CPC and/or find a way to allow incapacitated persons to be represented by alternative guardians in the event that the current guardian is a person who commits violence against an incapacitated person.
- Increase the level of medical workers' responsibility for disclosing the status of HIV-positive patients and provide stricter penalties for such disclosures by amending the Law of the Kyrgyz Republic No. 149 dated 13 August 2005 "On HIV/AIDS in the Kyrgyz Republic", and criminalize such disclosures by amending the Code of Misdemeanors.
- Revise legal norms and standards regarding the digitalization of records and the electronic organization of health services.

- Simplify the system of public medical services based on geographic (territorial) principle, namely, organize the procedure for conducting commissions at the place of application.

For Executive Authorities

- Revise standards for walking distance to schools.
- Conduct a campaign on professional development and acceptable behavior of teachers in the organization of distance (online) education.
- Strengthen control over the proper use of educational quotas for representatives of vulnerable groups through periodic joint commissions of the Ministry of Education and Science with the participation of public organizations.
- Initiate state programs to create informational educational sites for youth and adolescents with meaningful and reliable information about the rights and opportunities for vulnerable youth coming from responsible state and local authorities.
- Initiate improvements to the state's training program for the juvenile justice system.
- Initiate the transfer of juvenile justice infrastructure to local governments as part of decentralization.
- Conduct a broad information campaign about the Law of the Kyrgyz Republic "On Free State-Guaranteed Legal Aid" and the procedure in which such assistance can be obtained.
- Strengthen control over the implementation of laws aimed at protecting the labor rights of PWDs, former convicts and people living with HIV/AIDS.

- Revise official orders and instructions in the health care system regarding the reduction of bureaucracy and the transfer of paperwork into electronic online format.
- Initiate the adoption of state programs to subsidize the opportunity for young people from crisis categories to obtain necessary medical care in commercial medical institutions and compensation for necessary quality medicines.
- Develop and adopt national programs to provide medical care through mobile medical centers for mountainous and rural regions.
- Strengthen the disciplinary and material responsibility of medical personnel for rude behavior and discrimination.
- Initiate a broad outreach campaign aimed at gaining the professional confidence of young people in medical professions.

For Judicial Authorities

- Conduct training seminars for judges on the imposition of alternative non-custodial sentences based on probation practice.

For Local Self-Governments

- Make sure that children of returnees are freely accepted in schools in the territories under the jurisdiction of LSG bodies. In case facts are found that returnees are not accepted to schools because they do not know the language or because they have a low level of adaptation, organize specialized language courses and socialization clubs.



- Conduct a broad information campaign about what kind of legal assistance, and in what manner, can be obtained from local governments and nearby government agencies.
- Strengthen information support for returnees, people living with HIV/AIDS and various forms of addiction, and victims of violence living in municipalities and aiyl aimaks.
- Create versions of your own sites with important and meaningful information aimed at young people and teenagers in the community.
- Initiate the practice of working visits to remote communities by qualified medical specialists whose services are in demand there.
- Conduct a broad outreach campaign aimed at increasing the trust and credibility of qualified medical professionals among young people.
- Consider the possibility of including permanent consultations with representatives of vulnerable youth groups in the agenda, as well as introduce measures to improve the situation of this category of citizens in the Socio-Economic Development Programs.

For Civil Society Institutions

- Conduct an information campaign on educational opportunities for vulnerable youth, as well as on alternative forms of education, such as online courses and marathons for acquiring skills and forming new useful habits.
- Revise own work and development

strategies to assess the effectiveness of services to beneficiaries and to increase beneficiaries' awareness of and trust in public institutions.

- Initiate a campaign to create a network of informative and educational websites on the Internet that contain meaningful information and are aimed at young people and adolescents.
- Consider creating career centers and courses aimed at improving the competitiveness of vulnerable groups of young people in the labor market.
- Conduct a broad outreach campaign aimed at increasing the trust and credibility of qualified medical professionals among young people.
- Organize a rotation of participants in community action programs, and develop the involvement of vulnerable youth in civic activism campaigns through social media.

For the Media

- Assist in conducting information campaigns to raise public awareness about legal issues and guarantee legal aid.
- Promote public institutions by publishing materials on the usefulness of their activities and explaining how citizens can benefit from the services of a particular civil society institution.
- Conduct an information campaign against medical workers who disclose the status of HIV-positive patients. Also, conduct a broad

campaign about the inadmissibility of disclosing such status, explaining in what areas of employment people living with HIV/AIDS can work.

- Assist in the creation of informational sites aimed at youth and adolescents.
- Conduct a broad outreach campaign aimed at increasing the trust and credibility of qualified medical professionals among young people.
- Conduct a campaign to showcase civic activism success stories at the local level.

For International Organizations

- Support the development of professional online courses in Kyrgyz language, as well as soft skills courses, especially self-presentation, communication, and motivation skills.
- Support initiatives to create a network of information sites with meaningful information aimed at young people and adolescents, which will help young people quickly find out where and how they can get the necessary service and exercise their rights.
- Support legislative reform processes for vulnerable groups.
- Pay attention to supporting organizations and initiatives that develop the individual skills of young people.
- Support the initiative to introduce the practice of mobile medical centers for remote mountainous and rural settlements.
- Support the digitalization and electronic organization of healthcare delivery.



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