



Министерство  
здравоохранения  
Кыргызской Республики



World Health  
Organization

# МОНИТОРИНГ ОФИЦИАЛЬНОЙ ПОМОЩИ В ЦЕЛЯХ РАЗВИТИЯ СЕКТОРА ЗДРАВООХРАНЕНИЯ КЫРГЫЗСКОЙ РЕСПУБЛИКИ – 2017 ГОД (второе издание)





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**Мониторинг официальной помощи в  
целях развития сектора  
здравоохранения  
Кыргызской Республики – 2017 год  
(второе издание)**

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### **Ключевые слова**

Кыргызская Республика; сектор здравоохранения; официальная помощь развитию; механизм координации; Парижская декларация по эффективности помощи; Министерство здравоохранения; сбор данных; вопросник; интервью; выплаты (финансирование); общесекторальный подход (SWAp); географический охват; инвестиции; техническая помощь; административные затраты; национальная политика; национальные стратегии; государственные финансовые системы; системы закупок; предсказуемость помощи; совместные миссии; аналитическая работа; гармонизация; ответственность.

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# Сокращения

АБР	Азиатский банк развития
ВБ	Всемирный Банк
ВОЗ	Всемирная организация здравоохранения
ВПП	Всемирная продовольственная программа
ВВП	Валовый внутренний продукт
Глобальный фонд	Глобальный фонд для борьбы со СПИДом, туберкулезом и малярией
ГАВИ	Глобальный альянс по вакцинам и иммунизации
КфВ	Германский Банк Развития
ЮНИСЕФ	Детской фонд ООН
ПГГ	Программа государственных гарантий
ПРООН	Программа Развития ООН
ЮНФПА	Фонд ООН области народонаселения
ЮНЭЙДС	Объединенная программа ООН по ВИЧ/СПИДу
ЮНОДК	Управление Организации Объединенных Наций по наркотикам и преступности
ФАО	Продовольственная и сельскохозяйственная организация Объединенных Наций
ИБР	Исламский Банк Развития
ЮСАИД	Агентство США по международному сотрудничеству
ОПР	Официальная помощь развитию
ОЭСР	Организация экономического сотрудничества и развития
НСК	Национальный статистический комитет Кыргызской Республики
КФАЭР	Кувейтский Фонд арабского экономического развития
СФР	Саудовский Фонд Развития
ТИКА	Турейкое агенство международного сотрудничества
JICA	Японское агентство международного сотрудничества
KOICA	Корейское агентство международного сотрудничества
GIZ	Германское общество по международному сотрудничеству
MTBF	Среднесрочные бюджетные рамки (рамки среднесрочного планирования бюджета)
SBS	Поддержка бюджета сектора (здравоохранения)
SDC	Швейцарское агентство по развитию и сотрудничеству
SWAp	Общесекторальный (широкосекторальный) подход

## **Выражение признательности**

Это исследование было проведено при совместной координации Министерства здравоохранения Кыргызской Республики и Странового Офиса ВОЗ в Кыргызской Республике. Группа местных экспертов провела процесс сбора и проверки данных в тесном сотрудничестве с Партнерами по развитию в секторе здравоохранения.

Настоящий отчет был подготовлен Медербеким Исмаиловым (начальником Управления стратегического планирования и реализации программ), Зуурой Долонбаевой (главным специалистом Управления стратегического планирования и реализации программ), Майрамбеком Алымкуловым (консультантом по информационным технологиям Министерства здравоохранения Кыргызской Республики), Искандером уулу Азатом (консультантом Управления стратегического планирования и реализации программ) и Международными консультантами ВОЗ -Стефанией Амато и Стефаном Кондреа, под руководством Шадыханова Калысбека Токтосуновича, статс-секретаря Министерства здравоохранения Кыргызской Республики, и Ярно Хабихта, представителя ВОЗ в Кыргызской Республике.

Техническая помощь оказана Осконом Молдокуловым, национальным профессиональным сотрудником странового офиса ВОЗ в Кыргызской Республике.

Авторы хотели бы выразить благодарность всем международным агентствам-партнерам и посольствам, предоставившим подробную информацию о проектах, которые они финансируют и осуществляют в секторе здравоохранения Кыргызской Республики.

Также следует выразить особую благодарность всем тем, кто внес свои комментарии и отзывы в ходе первого раунда мониторинга ОПР в Кыргызской Республике в 2015 году. Авторы хотели бы отметить, что постарались учесть все их комментарии в отчете за 2017 год.

Этот документ был подготовлен при технической помощи и финансовой поддержке ВОЗ в соответствии с двухгодичным соглашением о сотрудничестве (ДСС) на период 2018-2019 гг. между Министерством здравоохранения Кыргызской Республики и Европейским региональным бюро ВОЗ. Картирование ОПР и анализ, представленные в этом отчете, были подготовлены при финансовой поддержке Великого Герцогства Люксембург и Европейского Союза в рамках Партнерства с ВОЗ по всеобщему охвату медико-санитарными услугами.

## Предисловие

Первый этап (раунд) оценки официальной помощи в целях развития (ОПР) в Кыргызской Республике, охватывающего мероприятия на 2015 год с докладом, опубликованным на веб-сайте Министерства здравоохранения Кыргызской Республике (<http://www.med.kg>) был проведен в 2016 году.

Настоящий отчет является уже вторым докладом об официальной помощи сектору здравоохранения Кыргызской Республики и подготовлен при технической поддержке Всемирной организации здравоохранения (ВОЗ).

Для Министерства здравоохранения Кыргызской Республики эта оценка является важным инструментом для повышения потенциала сотрудников в мониторинге и анализе информации о ресурсах, поступающих в сектор здравоохранения и их использование по категориям.

В целях проведения регулярной оценки ОПР в секторе здравоохранения и принятия стратегических решений, Министерством здравоохранения Кыргызской Республики было решено проведение второго этапа (раунда) исследования за 2017 год.

2-й раунд оценки ОПР включает в себя следующие этапы:

1. пересмотр вопросника и глоссария;
2. согласование списка текущих Партнеров по развитию и доноров для участия во втором раунде исследования;
3. подготовка онлайн-версии вопросника;
4. направление приглашения Партнерам по развитию для участия в исследовании;
5. поддержка регулярной связи с Партнерами по развитию;
6. обеспечение участия в сборе и анализе данных, организация перекрестных проверок, данных с каждым Партнером по развитию;
7. подготовка окончательного отчета и публикация отчета.

Мы высоко ценим поддержку Партнеров по развитию и выражаем нашу глубокую признательность международным организациям за их чрезвычайно ценный вклад в разработку этой оценки. Министерство здравоохранения Кыргызской Республики и Всемирная организация здравоохранения надеются наилучшим образом использовать эту работу в развитии системы здравоохранения Кыргызской Республики.

**Космосбек Чолпонбаев**  
Министр здравоохранения  
Кыргызской Республики



**Назира Артыкова**  
Представитель ВОЗ  
в Кыргызской Республике



# 1 Контекст страны

Развитие национальной экономики в 2017 году происходило в условиях восстановления экономической активности в экономиках стран - основных торговых партнеров Кыргызской Республики на фоне восстановления мировой экономики и снижения геополитических рисков в регионе.

Действие Правительства Кыргызской Республики было направлено на своевременную и качественную реализацию Плана действий Правительства Кыргызской Республики по реализации Программы Правительства Кыргызской Республики "Доверие и единство" на 2017 год (постановление Правительства Кыргызской Республики от 30 января 2017 года № 53) и Плана первоочередных мер Правительства Кыргызской Республики по реализации Программы Правительства Кыргызской Республики "Жаны доорго кырк кадам 2018-2023" (распоряжение Премьер-министра Кыргызской Республики от 7 сентября 2017 года № 609).

По итогам 2017 года экономический рост составил 104,5 процента, объем валового внутреннего продукта (далее - ВВП) сложился в сумме 493,3 млрд. сомов. Без учета предприятий по разработке месторождения Кумтор темп реального роста ВВП составил 104,5 процента<sup>1</sup>.

## 1.1 Сектор здравоохранения

В рамках реализации Программы Правительства Кыргызской Республики приоритетными задачами в 2017 году в сфере здравоохранения являлись:

- обеспечение всеобщего доступа населения к услугам здравоохранения;
- вовлечение других секторов экономики и социальной сферы в вопросы охраны и укрепления здоровья населения;
- реализация комплексных мер по улучшению показателей здравоохранения, с учетом социально-экономических и культурных факторов, интеграции вопросов здравоохранения в отраслевые программы;
- реализация Плана мероприятий Стратегии охраны и укрепления здоровья населения Кыргызской Республики до 2020 года ("Здоровье-2020") (распоряжение Правительства Кыргызской Республики от 16 марта 2015 года № 106-р);
- дальнейшая реализация мероприятий Национальной программы реформирования здравоохранения Кыргызской Республики "Ден соолук" на 2012-2018 годы (постановление Правительства Кыргызской Республики от 11.05.2017 года №267);
- внедрение Программы электронного здравоохранения Кыргызской Республики на 2016-2020 годы и создание Национальной базы данных лекарственных средств и изделий медицинского назначения (постановление Правительства Кыргызской Республики от 18 марта 2016 года № 134);

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<sup>1</sup> Совместное заявление Правительства Кыргызской Республики и Национального банка Кыргызской Республики об основных направлениях экономической политики на 2018 год одобренное постановлением Правительства Кыргызской Республики и Национального банка Кыргызской Республики от 27 февраля 2018 года № 115/07/1-1

По итогам 2017 года объем валового внутреннего продукта сложился в сумме 521 млрд.сомов и реальный темп роста составил 104,6%. Расходы на душу населения составили 2953 сома (42,6\$) в 2017 году<sup>2</sup>.

Если говорить о процентном соотношении, то в системе общегосударственных затрат расходы на здравоохранение 13 % в 2017 году, таким образом, достигнув целевого значения в 13%, установленного Национальной программой реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2016-2018 годы.<sup>3</sup>

**Таблица 1. Государственные расходы в 2017 году<sup>4</sup>**

Показатели	2017
Общая сумма государственных расходов (тыс. сом)	124 910 327.5
Общие расходы на здравоохранение (тыс. сом)	16 148 583.1
Расходы на здравоохранение как % от общих государственных расходов	13

## Демографическая ситуация

Среднегодовая численность постоянного населения Кыргызской Республики на 01.12.2017г. составила 6 193,4 тысяч человек. В возрастной структуре численности населения на долю детей (0-14 лет) приходится 31,8%, лиц трудоспособного возраста - 59,3 % и лиц старше трудоспособного возраста (7,1%).

В 2017 году коэффициент детской смертности составил 18,6 на 1000 родившихся живыми, что на 8,7% ниже, чем в 2016 году (19,7 на 1000 род.живыми).

Показатель младенческой смертности в 2017 году составил 15,6 на 1000 родившихся живыми, что на 7,7% ниже показателя 2016 года (16,7 на 1000 род.живыми).

Показатель материнской смертности в 2017 году составил 31,2 на 100,0 тыс. родившихся живыми, по сравнению с прошлым годом отмечается увеличение на 3,6% (30,1 на 100,0 тыс.род. живыми в 2016 году и 31,2 на 100,0 тыс.род. живыми).

<sup>2</sup> Отчет Министерства экономики Кыргызской Республики об итогах социально-экономического развития за 2017г.

<sup>3</sup> Обзор Национальной программы реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2016-2018 годы  
<http://densooluk.med.kg/ru/>

<sup>4</sup> Данные Национального статистического комитета Кыргызской Республики:  
<http://www.stat.kg/ru/statistics/download/operational/356/>

В Кыргызской Республике отмечается снижение уровня заболеваемости туберкулезом. В 2017г. году зарегистрировано 90,4 случая на 100 тыс. населения, против 93,4 на 100 тыс. населения в 2016 году.

Показатель уровня смертности от туберкулеза в республике, в последние годы, также имеет тенденцию к постепенному снижению<sup>2</sup>. В 2017 г. смертность по республике составила 5,2 на 100 тыс. населения против 5,6 на 100 тыс. населения в 2016 году<sup>5</sup>.

В 2017 году были представлены результаты проведенной самооценки основных операционных функций общественного здравоохранения в Кыргызской Республике. Результаты обсуждены на Межсекторальном совещании при Министерстве здравоохранения Кыргызской Республики, при поддержке ВОЗ выпущен первый доклад данного материала. Намечены определенные мероприятия, которые войдут в план мероприятий Программы развития здравоохранения КР до 2030г. по усилению и укреплению службы общественного здравоохранения республики в вопросах профилактики инфекционных и неинфекционных заболеваний.

По республике ведется мониторинг за 38 нозологиями инфекционных и паразитарных заболеваний. Благодаря проведенным профилактическим и противоэпидемическим мероприятиям отмечено снижение заболеваемости по 17 нозоформам, в том числе: менингит – в 3,9 раза, паротит на 43,7%, сибирская язва - 33,3%, клещевой вирусный энцефалит -33,3%, коклюш – 31,9%, гонорея – 31,8%, педикулез – 27,6%, сифилис – 19,1%, чесотка – 18,4%, эхинококкоз – 16,3%, брюшной тиф-14,3%, вирусный гепатит С – 7,7%, туберкулез – 4,2%, бруцеллез - 0,6%. Не зарегистрированы случаи бешенства, кори. Наблюдается снижение заболеваемости вакциноуправляемыми инфекциями. Несмотря на проводимые профилактические мероприятия отмечается рост заболеваемости вирусными гепатитами А и В, ОКИ, ОРВИ и гриппом, ВИЧ-инфекцией.

2 августа 2017 года Президентом Кыргызской Республики подписаны и одобрены Жогорку Кенешем законы «Об обращении лекарственных средств» №165, «Об обращении медицинских изделий» №166, «О внесении изменений в некоторые законодательные акты по вопросам обращения лекарственных средств и медицинских изделий» №167.

**Таблица 2.** Основные показатели состояния здоровья населения, 2017

Показатель	Кыргызская Республика <sup>6</sup>	Республика Молдова <sup>7</sup>	Республика Казахстан <sup>8</sup>
Уровень рождаемости (на 1000 жителей)	27.7	9.6	21.64
Естественный прирост населения (на 1000 жителей)	19.4	-0.8	14.48

<sup>5</sup> Данные Центра электронного здравоохранения при Министерстве здравоохранения Кыргызской Республики за 2017г.

<sup>6</sup> Данные Национального статистического комитета Кыргызской Республики: <http://www.stat.kg/media/publicationarchive/13450a65-712c-4c24-953e-096cc183a421.pdf> - 20 стр.

<sup>7</sup> Данные Национального бюро статистики Республики Молдова: [http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice\\_POP020/POP020300req.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9](http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice_POP020/POP020300req.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9)

<sup>8</sup> Данные Комитета по статистике Министерства национальной экономики Республики Казахстан: <http://stat.gov.kz/getlmg?id=ESTAT105377>

Смертность (на 1000 человек населения)	5.3	10.4	7.15
Младенческая смертность <sup>9</sup> (на 1000 живорождений)	15.6	9.7	7.93
Материнская смертность <sup>10</sup> (на 100 000 живорождений)	31.2	-	14.0

## 2 Предпосылки

В секторе здравоохранения Кыргызской Республики реализуется множество проектов, направленных на улучшение инфраструктуры сектора, повышение потенциала кадровых ресурсов здравоохранения, улучшения качества и доступности медицинской помощи. Большая доля этих проектов осуществляется при поддержке донорского сообщества.

Данная публикация представляет собой общую попытку, предпринятую Правительством Кыргызской Республики и сообществом партнеров по развитию, взявшими на себя обязательства перед сектором здравоохранения страны по оптимизации процесса обмена информацией и активизации усилий по улучшению координации и повышению эффективности помощи. Эта практика представляет собой полезный инструмент, дающий возможность обеим сторонам корректировать свои планы работ в отношении общих целей и приоритетов как краткосрочной, так и среднесрочной перспектив.

В период проведения анализа стратегическими для сектора здравоохранения Кыргызстана являются следующие документы: Стратегия охраны и укрепления здоровья населения Кыргызской Республики до 2020 года (Здоровье – 2020), утвержденная постановлением Правительства № 306 от 4 июня 2014 года; и Национальная программа реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012-2016 годы, продленная до 2018 года постановлением Правительства Кыргызской Республики от 11 мая 2017 года №267 «О внесении изменений в постановление Правительства Кыргызской Республики «О Национальной программе реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012-2016 годы».

В целом, мероприятия, проводимые в рамках программной и стратегической деятельности в секторе здравоохранения Кыргызской Республики, способствуют достижению Целей устойчивого развития, принятых всеми государствами-членами ООН, особенно в части обеспечения здорового образа жизни и содействия благополучию для всех в любом возрасте.

Настоящий документ является уже вторым отчетом об официальной помощи сектору здравоохранения Кыргызстана в целях развития (ОПР). Он направлен на:

- обмен информацией и представление внешней помощи сектору здравоохранения в соответствии с приоритетами, изложенными в стратегических политических документах;
- предоставление данных в поддержку политического диалога и разработки механизмов координации на национальном и международном уровнях;
- сбор сведений, которые могут помочь укрепить координацию партнеров по развитию при оказании поддержки реформам, проводимым в секторе здравоохранения Кыргызстана;
- представление прогнозов в отношении будущей внешней помощи как в краткосрочной, так и среднесрочной перспективе;
- создание информационной основы для будущих национальных стратегических планов и стратегий партнеров по развитию для поддержки

правительства Кыргызской Республики как в финансовом, так и в техническом отношении.

В этой публикации представлена картина внешней помощи, направляемой в сектор здравоохранения, при этом внимание акцентируется не только на тех областях сектора, которые хорошо поддерживаются, но и тех, которые несколько упущены из виду. Ее основная цель – представить общую панораму внешней помощи сектору здравоохранения, которая может служить партнерам по развитию и государственным органам информационной основой для стратегического планирования в течение последующих лет.

В целях осуществления общей координации и принятия согласованных решений по использованию и планированию внешней помощи Постановлением Правительства № 592 от 30 августа 2012 года был учрежден Координационный совет по взаимодействию между Правительством Кыргызской Республики и партнерами по развитию.

### 3 Методология

В этом разделе описывается план исследования, процесс сбора и анализа данных. План исследования предусматривал две фазы: (i) определение критериев приемлемости (критериев отбора) и (ii) пересмотр вопросника. Источником послужил успешный опыт Министерства здравоохранения Кыргызской Республики, приобретенный в 2016 году. Сбор данных осуществлялся через интерактивный интерфейс и подкреплялся интервьюированием, проводившимся в ходе в личные беседы. Данные анализировались исследовательской группой в тесном сотрудничестве с ИТ-специалистом.

Экспертная группа состояла в основном из сотрудников Управления стратегического планирования и реализации программ Министерства здравоохранения Кыргызской Республики. Свой вклад в исследование также внесли другие соответствующие управления/отделы Министерства здравоохранения Кыргызской Республики, которые предоставили материалы с описанием и структурой категорий среднесрочного планирования бюджета (MTBF), а также внесли поправки в общий анализ.

**Таблица 3. Сроки процесса**

<b>Дата</b>	<b>Деятельность</b>
Февраль 2018 года	Обращение МЗ КР в Страновой Офис ВОЗ в КР относительно технической поддержки для проведения второго этапа исследования
Апрель 2018 года	- Указание МЗ КР о создании экспертной группы - Пересмотр вопросника и глоссария - Пересмотр списка Партнеров по развитию, которые будут вовлечены в деятельность по анализу
Июнь 2018 года	Пересмотр программного обеспечения
Июль 2018 года	Рассылка партнерам по развитию и посольствам (через МИД) приглашения принять участие в исследовании
Июль-Сентябрь 2018 года	Поддержка регулярной связи с Партнерами по развитию
Сентябрь- Октябрь 2018 года	Сбор данных через веб-платформу
Ноябрь 2018 года	- Валидационные интервью с участием представителей партнеров по развитию - Сужение диапазона приемлемости (ужесточение критериев отбора)
Декабрь 2018 года	Презентация предварительных результатов партнерам по развитию Анализ данных и составление отчета

## **3.1 План исследования**

### **3.1.1 Критерии отбора**

Министерство здравоохранения Кыргызской Республики и Страновой Офис ВОЗ провели данное исследование на основе материалов, полученных от партнеров по развитию, предоставляющих ОПР.

В соответствии с определением, приведенном в Статистических директивах п. 35 Организации экономического сотрудничества и развития (ОЭСР), ОПР включает все официальные операции, которые:

- 1) направлены на оказание содействия экономическому развитию и благосостоянию
  - развивающихся стран в качестве своей основной цели и
  - предоставляются на льготных условиях;
- 2) содержат не менее 25% элемента гранта.

В отчете нет никаких сведений, касающихся гуманитарной, либо благотворительной, либо спонсорской помощи, осуществляемой в секторе здравоохранения.

Партнеры по развитию, которые отвечали критериям отбора, но не выделяли средства в сектор здравоохранения Кыргызстана в 2017 году, указаны в приложении 1, но не включены в это исследование. Чтобы избежать двойного подсчета в случае, если один партнер по развитию выделяет средства ОПР от имени другого, партнером по развитию, сделавшим окончательные финансовые вложения в страну, является тот, который отчитался за этот проект.

### **3.1.2 Пересмотр вопросника**

Исследовательская группа пересмотрела вопросник для сбора информации о каждом партнере по развитию, осуществляющем помощь сектору здравоохранения Кыргызстана и выделившем средства в 2017 году. В данном исследовании Министерство здравоохранения Кыргызской Республики стремилось определить долю финансовой поддержки партнеров в рамках реализации Целей устойчивого развития в 2017 году.

Онлайн-версия вопросника была предоставлена всем имеющим на это право партнерам по развитию с обеспечением защищенного доступа через отдельные логины и пароли. С вопросником для партнеров по развитию можно ознакомиться в приложении 2. Также был предоставлен глоссарий со всеми терминами, используемыми в вопроснике (см. приложение 3). Заполненные варианты вопросника приведены в приложении 4.

### **3.1.3 Структура вопросника**

Структура вопросника не изменилась. Каждый раздел вопросника был пересмотрен в сотрудничестве со всеми соответствующими отделами и

подразделениями Министерства здравоохранения, в консультации со страновым офисом ВОЗ и независимыми консультантами таким образом, чтобы отвечать самым различным потребностям. В результате были внесены незначительные изменения в вопросник.

В *Разделе I* запрашивается общая информация об организациях партнеров по развитию: их цели и ключевые достижения, общая сумма ОПР, которую они выделили в сектор здравоохранения Кыргызстана в 2017 году, классифицированная по четырем различным формам помощи: программная / проектная помощь, поддержка бюджета сектора здравоохранения (SBS), совместное финансирование в рамках общесекторального подхода (SWAp) и другое объединенное финансирование.

В *Разделах II, III, IV и V* собирается информация о каждой программе и / или проекте, выполняемых каждым отдельным партнером по развитию: дата начала и завершения; руководитель программы / проекта; способ/ режим реализации проекта (через офис партнера по развитию, государственный сектор или другой способ/ режим); и статус реализации по состоянию на 31 декабря 2017 года.

Кроме того, в вопроснике требовалось описание целей проекта / программы, текущего прогресса (целевых показателей – фактических показателей), типа финансирования и общего бюджета. Финансовые вложения оценивались количественно в зависимости от типа финансирования (т. е. техническая помощь, инвестиции и административные расходы) и далее классифицировались по реализующим объектам, группам заболеваний и факторам риска. Для предотвращения ошибок и двойного подсчета были предусмотрены соответствующие фильтры. В *Разделе IV* партнеров по развитию также просят представить проект в соответствии с приоритетными областями сектора здравоохранения: предоставление медицинских услуг, создание ресурсов, финансирование здравоохранения, лидерство и управление.

Была также запрошена информация о географическом охвате каждого проекта / программы.

В *разделе V*, приняв к сведению комментарии партнеров по развитию, был добавлен пункт по поводу вклада в реализацию ЦУР в Кыргызской Республике. Это позволит выявить направление деятельности доноров по реализации международных приоритетов.

В *разделах VI, VII и VIII* основное внимание уделялось оценке согласованности помощи с национальной политикой и стратегиями, распределению выделяемых средств в рамках среднесрочного планирования бюджета (MTBF) и другим финансовым инструментам, использованию государственных финансовых систем и систем закупок, среднесрочной (2016 – 2020 гг.) прогнозируемости помощи в рамках подпрограмм MTBF и долгосрочных планов партнеров по развитию. Эти разделы призваны помочь Министерству здравоохранения оценить согласованность и упорядоченность действий партнеров по развитию.

В заключительных разделах вопросника была проведена оценка координации деятельности доноров по совместным миссиям и аналитической работе (раздел IX) и мнений партнеров по вопросам развития и степени их удовлетворенности

в отношении эффективности механизмов координации и политического диалога в секторе здравоохранения Кыргызстана (раздел X).

В конце вопросника участникам было предложено представить свои отзывы о его структуре и о целесообразности поставленных вопросов. Эти отзывы будут способствовать дальнейшему развитию системы сбора данных и улучшению будущих отчетов.

## **3.2 Сбор данных**

### **3.2.1 Модель ввода данных онлайн**

Данные вводились через веб-платформу. Существующая платформа была взята из аналогичного опроса, проведенного в секторе здравоохранения Молдовы в 2011-2013 годах, при этом были внесены изменения в платформу, созданную за 2015 год сбора с учетом всех аспектов и особенностей системы здравоохранения Кыргызской Республики.

В веб-платформу 2017 года введен новый пересмотренный вопросник и внесены дополнительные партнеры по развитию и установлены курсы обмена валют на 2107 год.

База данных была размещена на сервере Министерства здравоохранения Кыргызской Республики. Партнерам в области развития был предоставлен срок для ввода данных до 15 сентября 2018 года. Онлайн-платформа имеет преимущества как для партнеров по вопросам развития, так и для исследовательской группы. Партнеры по развитию могли получить доступ к онлайн-вопроснику для ввода и извлечения данных в удобное время и для возобновления задачи без потери ранее введенных данных. Партнеры по развитию также имели доступ к автоматически созданным файлам PDF - сводным текстам, предназначенным для облегчения визуализации предоставленной информации и для содействия процессу валидации данных. Система также позволила избежать трудностей при отслеживании отзывов и комментариев, которые возникают при одновременной работе над вопросником нескольких различных лиц. Исследовательская группа могла отслеживать процесс ввода данных и (при необходимости) отправлять своевременные напоминания, упрощать и ускорять проверку данных, а также создавать текстовые файлы и автоматически обновлять базу данных.

### **3.2.2 Анализ данных**

Анализ данных включал несколько методов с упором на: (i) формирование общего анализа по всем партнерам по развитию, их проектам и их финансовым вливаниям; (ii) обеспечение качественного анализа обратной связи партнеров по процессам координации; (iii) перечень основной информации по каждому партнеру по развитию.

Чтобы стандартизировать предоставленную информацию по финансам, партнерам по развитию было предложено ввести данные в исходной валюте, используемой для выплат. Когда база данных была создана, программное обеспечение автоматически конвертировало все денежные единицы в доллары

США (US\$) – валюту отчетности, принятую Парижской декларацией для всех мероприятий по гармонизации помощи. В компьютерную программу был заложен показатель среднегодового обменного курса, зарегистрированный Национальным банком Кыргызской Республики на 2017 год.

### **3.2.3 Качество данных**

В качестве основы для сбора данных был использован адаптированный вопросник, использованный в первом раунде исследования в 2016 году. В 2016 году этот вопросник пять раз пересматривался и пилотировался. Поэтому и в картировании ОПР за 2017 год использовался вопросник с внесением определенных изменений и дополнений после тщательного изучения замечаний донорского сообщества. Также, как и в 2016 году, на этапе сбора данных веб-платформа в Интернете включала в себя несколько внутренних механизмов управления, которые подсказывали пользователям, как избегать ошибок при вводе данных. Во избежание различия в толковании определений и вопросов опрашиваемым дополнительно была предоставлена ссылка на глоссарий (см. приложение 3). Презентованные данные отражают информацию, официально предоставленную организациями, привлеченными к участию в опросе. Неправильные интерпретации были возможны потому, что вопросы были сформулированы с учетом двух различных потребностей: они должны были быть достаточно точными во избежание неверного истолкования и в то же время должны были партнерам по развитию (у которых разная терминология, отчетность и методы учета) дать возможность отвечать на вопросы с учетом их собственных целей и чувствовать себя комфортно, предоставляя официальные ответы. По завершении процессов валидации соответствующие представители одобрили все изменения, внесенные отдельными партнерами по развитию в первую версию вопросника.

Совместные усилия партнеров по развитию и исследовательской группы в процессе проверки позволили большинству партнеров по развитию завершить заполнение всех частей вопросника. Это гарантировало в дальнейшем однородность результатов. В процессе анализа данных все опросные листы были подвергнуты третьему уровню проверки качества данных посредством разведочного анализа и дополнительной очистки данных для устранения несоответствий.

## 4 Ограничения

Как указано в разделе 2.2.3 о качестве данных, все исключительные ситуации, связанные с заполнением вопросника, были совместно согласованы группой и партнерами по развитию. В этой главе рассматриваются все эти обстоятельства и указаны отдельные проблемы, которые сказываются на надежности представленного анализа.

Чтобы избежать двойного учета в случаях, когда один партнер по разработке выдает ОПР от имени другого, в условиях отбора было предусмотрено положение, по которому единственным донором рассматриваемого проекта считается тот партнер по развитию, который совершил окончательную выплату.

Данные по проекту SWAp и по поддержке бюджета сектора (SBS), предоставлялась Министерством здравоохранения и далее подтверждалась партнерами.

Партнерами по развитию и экспертной группой была проделана большая работа по согласованию различных словарей, методов отчетности и учета партнеров по развитию. Тем не менее, остается несколько вопросов, вызывающих озабоченность.

- В том, что касается рамок официальных программ, охватывающих различные проекты, партнерам по развитию необходимо было дать право самим выбирать, предоставлять ли информацию о программе, или об отдельных проектах. Фактически партнеры по развитию должны были придерживаться своих определений таких понятий, как программа, проект и деятельность.
- Партнеры по развитию имеют разные системы учета: административные расходы могут включаться или не включаться в официальные бюджеты проектов. В тех случаях, когда административные расходы, связанные с проектами по здравоохранению, не могли быть вычленены из общих административных расходов организации, работающей в разных областях, партнеры по развитию использовали свои собственные методы для оценки административных расходов, о которых говорилось в вопроснике.

# 5 Результаты

## 5.1 Партнеры по развитию

В соответствии с указанными критериями отбора (см. 2.1.1) в исследовании 2017 года были отобраны всего 35 партнеров по развитию, отвечающих разработанным критериям, и, соответственно, получили приглашения для участия в опросе. Из 35 представителей донорского сообщества 25 организации откликнулась на приглашение для участия в исследовании. 7 из этих партнеров по развитию сообщили, что не имели действующих проектов в 2017 году, однако 18 организаций реализовывали проекты и предоставили по ним полную информацию. Необходимо отдельно отметить, что одна организация - Глобальный фонд – откликнулась на приглашение принять участие в исследовании, но исполнительным агентством их проекта была Программа развития Организации Объединенных Наций (ПРООН).

**Таблица 4.** Участие в исследовании партнеров по развитию, 2017 год

Партнеры по развитию сектора здравоохранения Кыргызской Республики		Принимали участие в исследовании в 2015г.	Не приняли участие в исследовании в 2017г.	Приняли участие в исследовании, но не имели активных проектов в 2017г.	Приняли участие в исследовании в 2017г.
1	Азиатский банк развития (АБР)			✓	
2	Всемирный банк (ВБ)	✓			✓
3	Всемирная организация здравоохранения (ВОЗ)	✓			✓
4	Детский фонд Организации Объединенных Наций (ЮНИСЕФ)	✓			✓
5	Программа развития Организации Объединенных Наций (ПРООН)				✓
6	Фонд Организации Объединенных Наций в области народонаселения (ЮНФПА)	✓			✓
7	Объединенная программа Организации Объединенных Наций по ВИЧ / СПИДУ (ЮНЭЙДС)	✓			✓
8	Управление Организации Объединенных Наций по наркотикам и преступности (ЮНОДК)			✓	

9	Всемирная продовольственная программа (ВВП)	✓			✓
10	Продовольственная и сельскохозяйственная организация ООН (ФАО)				✓
11	Глобальный фонд для борьбы со СПИДом, туберкулезом и малярией (Глобальный фонд)	✓			✓
12	Глобальный альянс по вакцинам и иммунизации (ГАВИ)	✓			✓
13	Евразийский банк развития (ЕАБР)		✓		
14	Исламский банк развития (ИБР)		✓		
15	Посольство Федеративной Республики Германия в Кыргызской Республке – Германский банк развития (КфВ)	✓			✓
16	Посольство Соединенных Штатов - Агентство США по международному развитию (ЮСАИД)	✓			✓
17	Германское общество по международному сотрудничеству (Германское общество по техническому сотрудничеству) (GIZ)	✓			✓
18	Японское агентство международного сотрудничества (JICA)	✓			✓
19	Посольство Южной Кореи в Кыргызской Республике - Корейское агентство международного сотрудничества (KOICA)			✓	
20	Посольство Турции в Кыргызской Республике - Турецкое агенство международного сотрудничества (ТИКА)		✓		
21	Кувейтский Фонд Арабского Экономического Развития (КФАЭР)				✓
22	Агенство Развития и Инвестирования Сообществ (АРИС)		✓		
23	Посольство Швейцарской конфедерации в	✓			✓

	Кыргызской Республике - SDC				
24	Представительство Европейского Союза			✓	
25	Посольство Австрии		✓		
26	Посольство Японии в Кыргызской Республике				✓
27	Посольство Российской Федерации в Кыргызской Республике			✓	
28	Посольство Республики Индия в Кыргызской Республике		✓		
29	Посольство Исламской Республики Иран в Кыргызской Республики			✓	
30	Посольство Израиля			✓	
31	Посольство Королевства Саудовская Аравия/Саудовский фонд развития				✓
32	Посольство Катар в Кыргызской Республике		✓		
33	Посольство Китайской Народной Республики в Кыргызской Республике		✓		
34	Посольство Финляндии		✓		
35	Посольство Эстонии		✓		
	<b>Итого:</b>	<b>12<sup>11</sup></b>	<b>10</b>	<b>7</b>	<b>18</b>

По сравнению с исследованием 2015 года участие партнеров было расширено. В 2015 году в исследовании приняло участие 22 организации, из которых лишь 12 предоставили информацию по проектам. В исследовании 2017 года получена информация по проектам от 18 организаций-доноров.

Также необходимо отметить, что по сравнению с первым раундом картирования ко второму раунду картирования присоединились ПРООН, ФАО, Кувейтский фонд арабского экономического развития и Саудовский фонд развития, а также получены отдельные данные от Посольства Японии в Кыргызской Республике и Японского агентства международного сотрудничества.

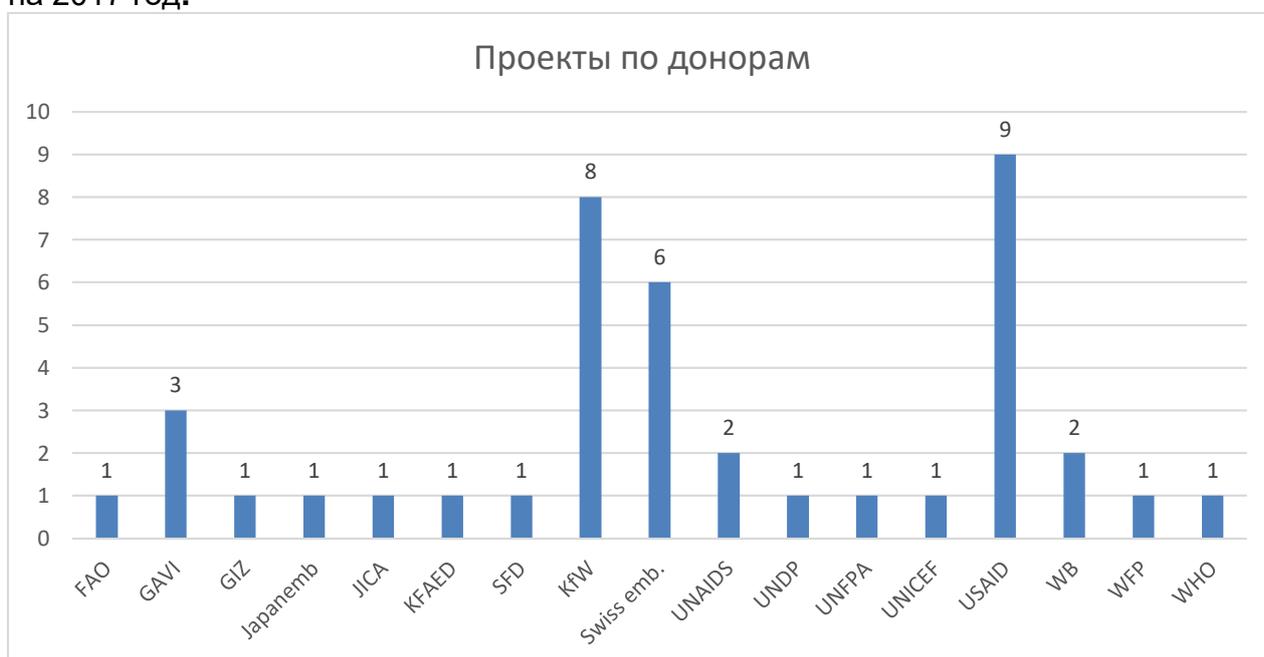
<sup>11</sup> В 2015 году Посольство Японии в КР и Японское агентство международного сотрудничества (JICA) рассматривались как единый донор. В исследовании 2017 года обе организации предоставили собственные данные по отдельности.

Из 18 партнеров по развитию, которые представили информацию, десять являются многосторонними, а восемь – двусторонними



**Диаграмма 1.** Двусторонние и многосторонние партнеры по развитию, 2017 год

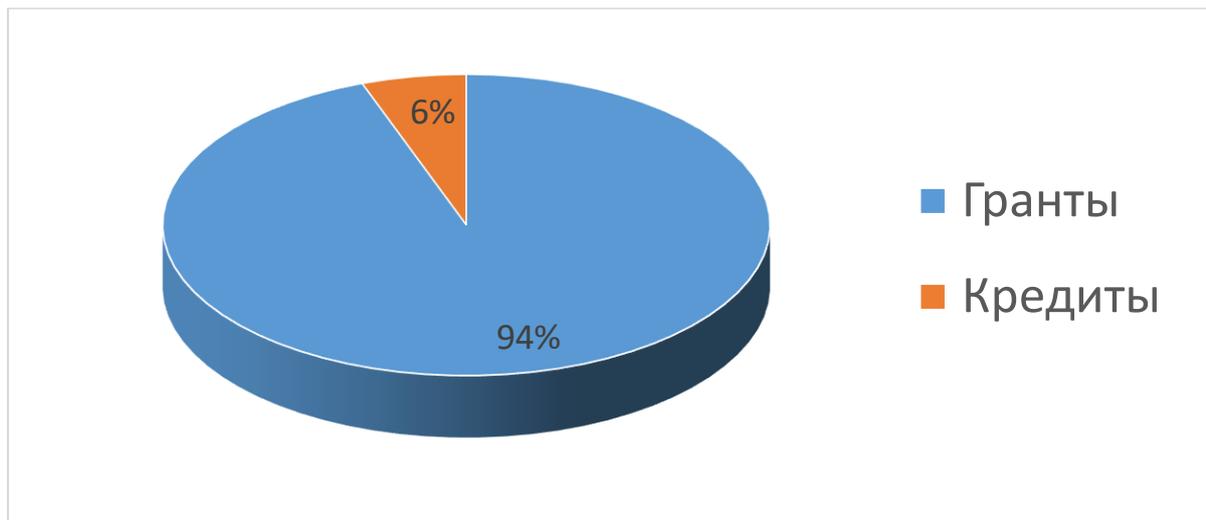
Проекты, охваченные этим исследованием, начались, продолжались или закончились в 2017 году. В целом партнеры по развитию отчитались по **41 проектам и программам** (рис. 2) на общую сумму **53 974 277 долларов США**. Общая сумма выплат **составляет 23%** от общих расходов на здравоохранение на 2017 год.



**Диаграмма 2.** Проекты или программы ОПР по каждому донору, 2017 год

Как видно из Диаграммы 2, самое большое количество проектов реализовывали ЮСАИД, Германский банк развития (КфВ) и Посольство Швейцарии в Кыргызской Республике. На их долю приходится 56% всех донорских проектов в сфере здравоохранения за 2017 год.

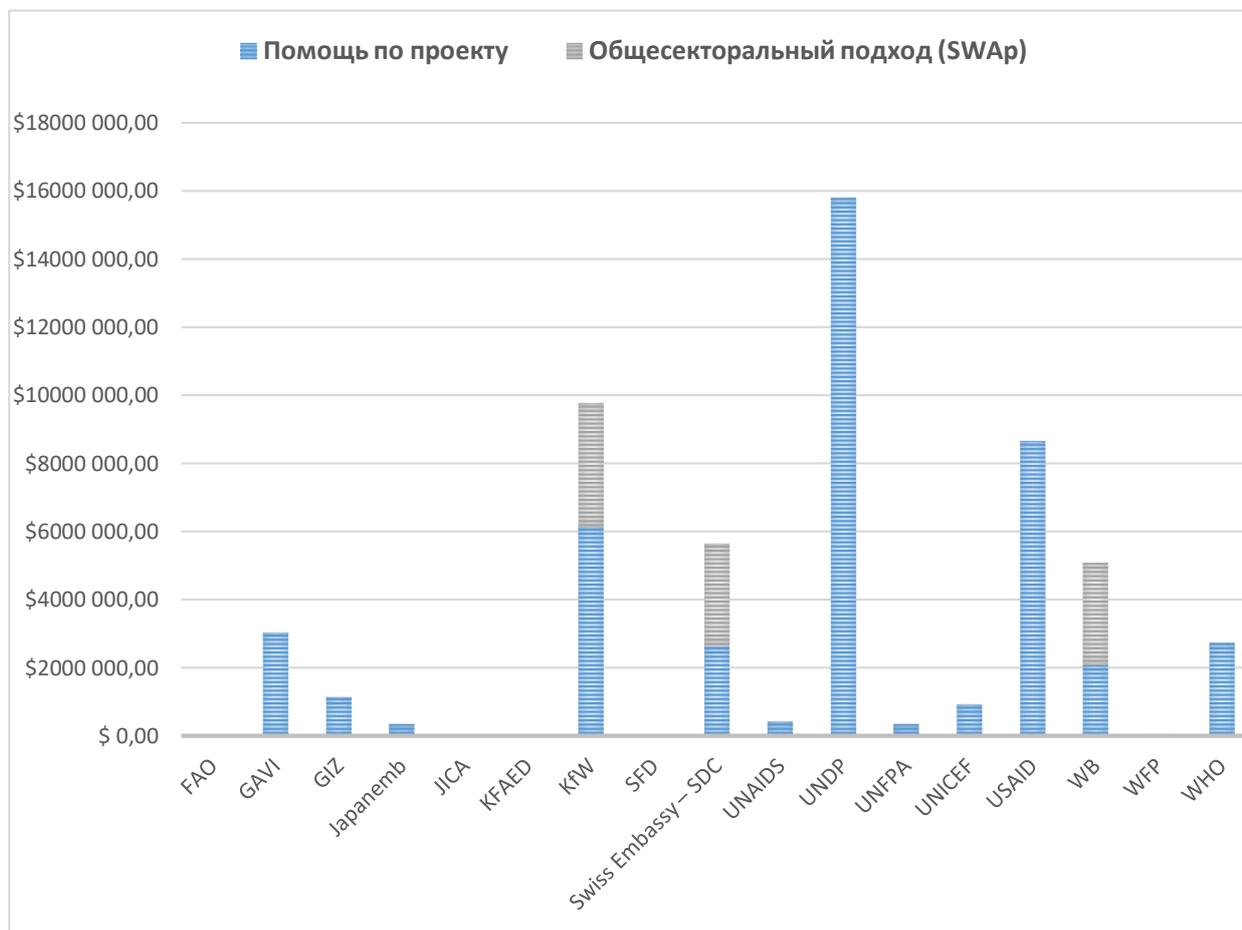
Если говорить об ОПР, выделенных в рамках двусторонних и многосторонних соглашений, то наиболее значительную финансовую помощь Кыргызской Республике оказали Глобальный фонд для борьбы со СПИДом, туберкулёзом и малярией (через ПРООН) в размере \$15 797 109, Германский банк развития (КфВ) в размере \$9 772 972, и ЮСАИД в размере \$8 657 000. Сумма бюджетов их проектов составляет 63,4% от суммы всех проектов партнеров по развитию в 2017 году.



**Диаграмма 3.** Общий объем ОПР по типу помощи

Из **\$53 974 277** долларов США 94% были выплачены в виде грантовой помощи (Диаграмма 3), лишь 6% были выделены в форме кредитов.

Что касается форм предоставления официальной помощи, то их можно разделить на 3 большие категории – Общесекторальный подход (SWAp), Поддержка конкретных проектов или программ и Поддержка бюджета сектора.



**Диаграмма 4.** Помощь по проекту, общесекторальный подход (SWAp), (с разбивкой по организациям), 2017 г.

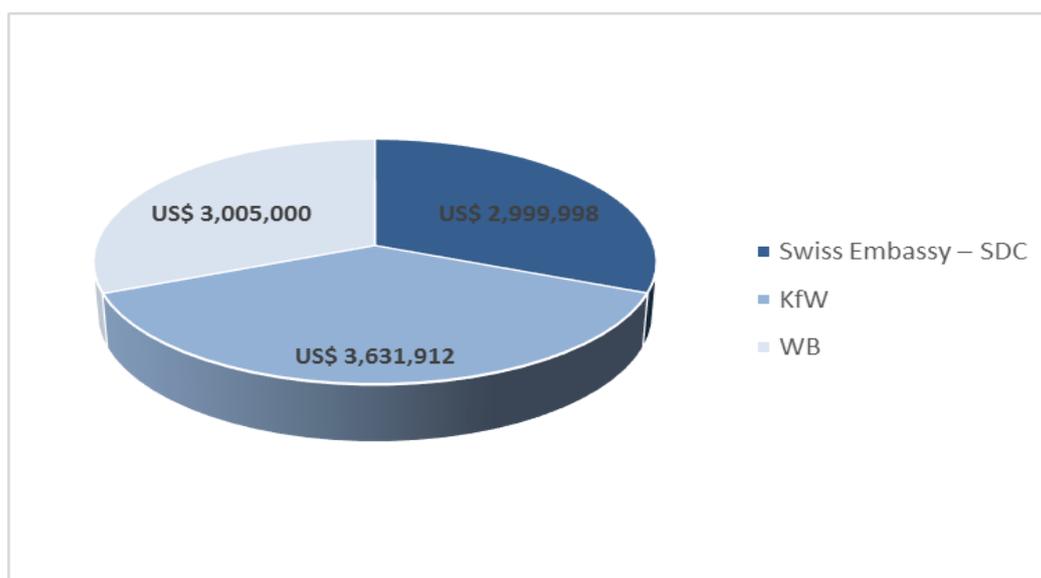
В 2017 году львиная доля (82%) сообщенных средств приходилась на программную и проектную помощь, а 18% средств пришлось на мероприятия в рамках SWAp. На поддержку бюджета сектора здравоохранения в 2017 году доноры не выделили финансовых средств.



**Диаграмма 5.** Общее распределение средств по формам помощи, 2017 г.

Что касается проекта SWAp, который реализуется в рамках Национальной программы реформирования здравоохранения «Ден соолук», то его основными донорами традиционно являются Всемирный Банк, KfW и Швейцарское посольство в Кыргызской Республике.

Диаграмма ниже указывает поступление средств в рамках SWAp от каждой из этих организаций за 2017 год.



**Диаграмма 6.** Выделенные средства в рамках SWAp.

## Географический охват

Проекты партнеров по развитию были классифицированы как проекты с национальным охватом, с региональным охватом и пилотные проекты.



**Диаграмма 7.** Географический уровень охвата донорской поддержкой

Из диаграммы 6 видно, что 17 доноров оказывают поддержку на общенациональном уровне; 7 из них также осуществляли проекты на областном уровне. 4 из 18 опрошенных организаций реализуют пилотные проекты в пилотных районах.

## 5.2 Категории финансирования, компоненты, приоритеты системы здравоохранения

Распределение выделенных сумм на 2017 год по различным категориям финансирования показано на диаграмме 7. Наибольшая доля приходится на инвестиции (57,92%), на техническую помощь приходится 38,09%; а остальные 3,99% - на административные расходы. Глобальный фонд (через ПРООН), Банк развития КфВ и ВОЗ обеспечили наибольшую поддержку в виде инвестиций - 79% от общей суммы инвестиций. В исследовании 2015 года лидерами в данной категории были ВБ, КфВ и Швейцарское агентство по сотрудничеству. По сравнению с 2015 годом доля инвестиций выросла на 17,34%.

Доля технической помощи в 2017 году составила 38,09%, что на 15,97% меньше чем в 2015 году.



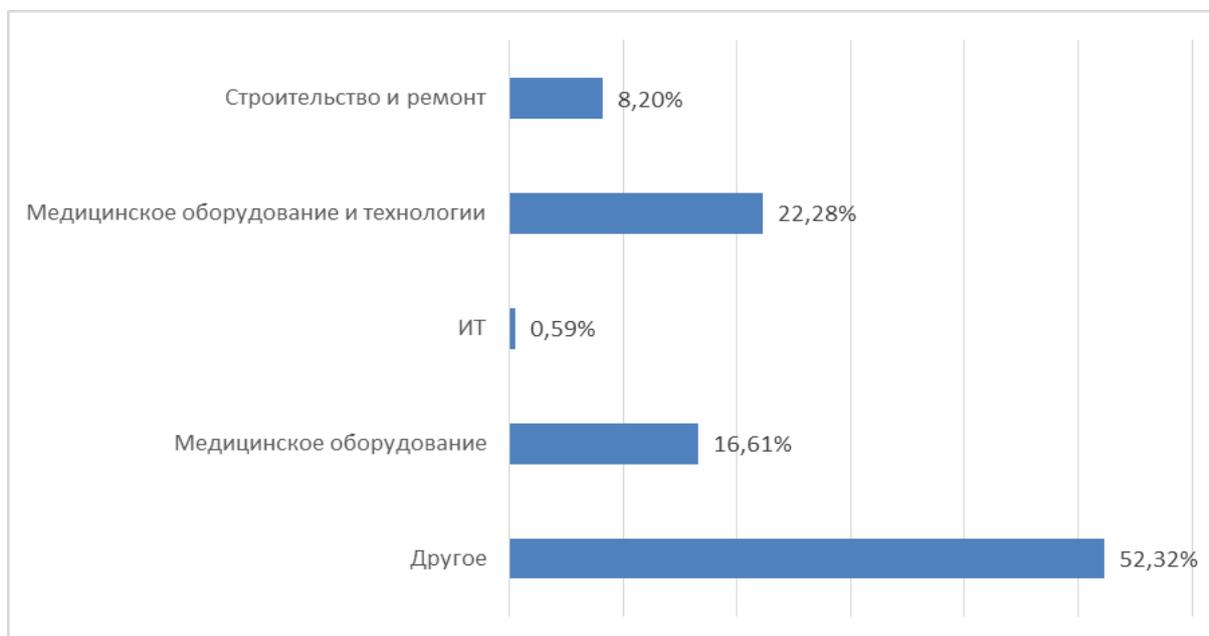
**Диаграмма 8.** Общая сумма выплат по категориям финансирования, 2017 г

Следующая диаграмма иллюстрирует распределение 38,09% средств технической помощи по пяти компонентам: (i) разработка политики; (ii) наращивание потенциала; (iii) разработка руководящих принципов и протоколов; (iv) нормативно-правовая база; (v) другое (включая коммуникационные, консалтинговые и другие подобные услуги). Как видно из диаграммы, более сильный акцент в 2017 году был сделан на наращивание потенциала (51,85%).



**Диаграмма 9.** Техническая помощь по компонентам, 2017 г.

Диаграмма 9 иллюстрирует распределение инвестиционной квоты - 57,92% от общего объема освоённой ОПР - по пяти компонентам: (i) строительство и ремонт; (ii) медицинское оборудование и технологии; (iii) ИТ; (iv) медицинское оборудование; (v) другое.



**Диаграмма 10.** Инвестиционные расходы по компонентам, 2017 г.

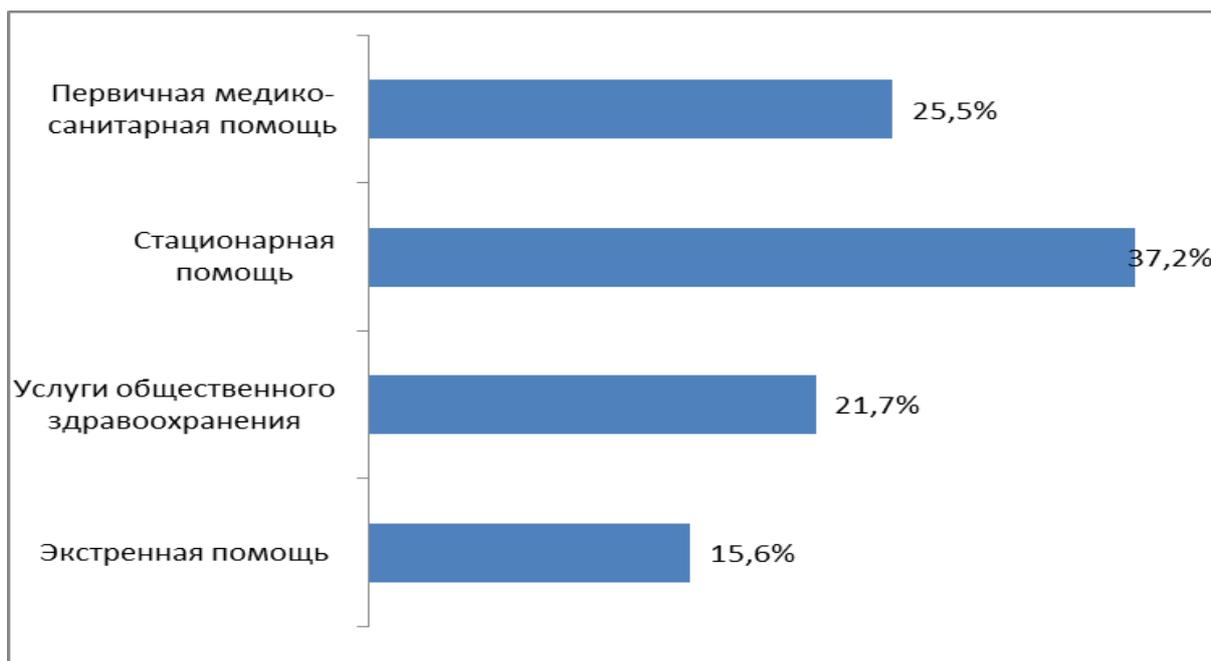
В диаграмме 10 иллюстрируется распределение общих выплат по четырем функциям системы здравоохранения: (i) предоставление медицинских услуг; (ii) создание ресурсов; (iii) финансирование здравоохранения; (iv)

стратегическое руководство и управление. Как видно из диаграммы основная доля выплат приходится на функцию предоставления медицинских услуг (71,7%). Но кардинальных изменений в данной категории распределения по сравнению с 2015 годом не наблюдается.



**Диаграмма 11.** Выплаты по функциям системы здравоохранения, 2017 г.

Компонент предоставления услуг здравоохранения можно разбить на четыре категории: (i) первичная медико-санитарная помощь; (ii) стационарный уход; (iii) служба общественного здравоохранения; (iv) неотложная помощь (рис.13). Стационарная помощь остается основной в сфере внимания. В 2017 году существенно вырос процент средств, выделенных на неотложную (экстренную) помощь по сравнению с 2015 годом (15,6% против 2,2%).



**Диаграмма 12.** Распределение квоты на предоставление медицинских услуг, 2017 год.

На диаграмме 12 показано распределение всех выплат ОПР по различным программным областям приоритетов здравоохранения. Это наглядно показывает, что две области с наибольшей долей финансирования – это инфекционные заболевания (36,55%), здоровье матери и ребенка и репродуктивное здоровье (28,82%). Неинфекционные заболевания занимают третье место (11,90%). Меньшее внимание уделяется таким областям здравоохранения, как здоровье подростков (3,22%), травмы и насилие (9,2%), и другим направлениям (11,06%).



**Диаграмма 13.** Распределение ОПР в соответствии с приоритетными программными областями здравоохранения, 2017

### 5.3 Согласование с национальными приоритетами

Сопоставление потоков помощи с политикой, стратегиями и программами сектора здравоохранения показано в таблице 8. Не все партнеры по развитию заполнили данную таблицу. Однако из полученных данных можно сделать вывод, что половина партнеров по развитию осуществляет свои проекты с учетом целей, изложенных в общенациональных стратегиях: Национальной стратегии устойчивого развития Кыргызской Республики на 2013 – 2017 годы (восемь доноров) и Национальной программе реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012 – 2016 годы (10 доноров).

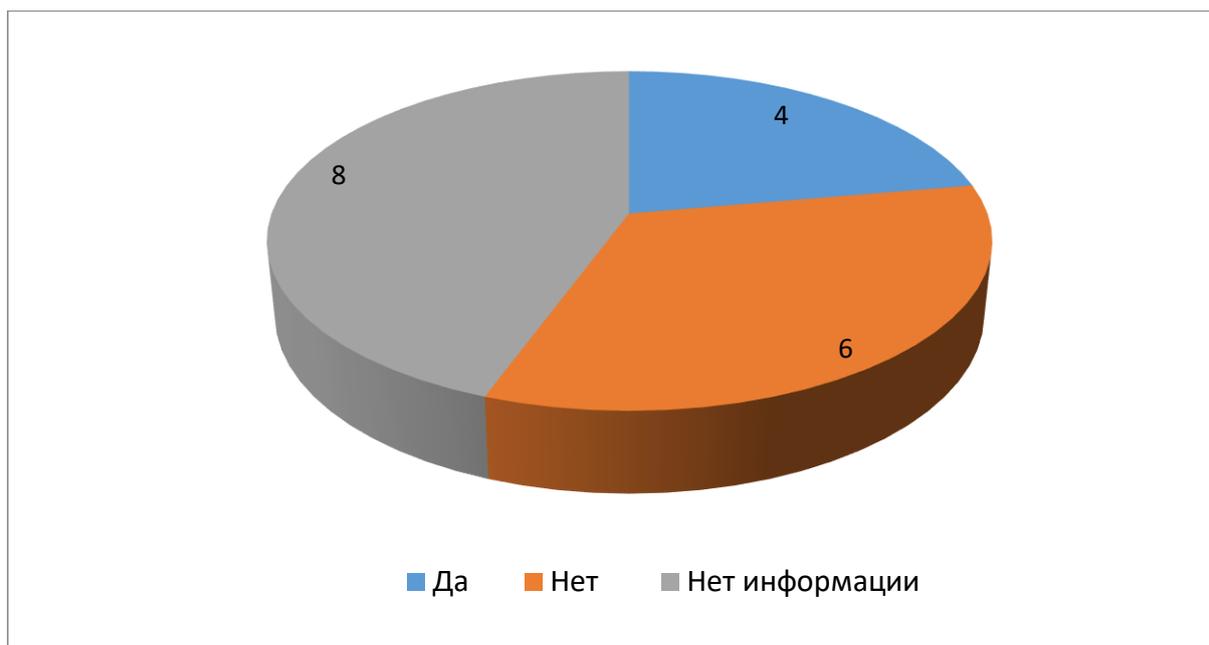
**Таблица 5.** Согласование деятельности партнеров с национальными программами и стратегиями, 2017г.

<b>Общие стратегии</b>	
Национальная Стратегия устойчивого развития Кыргызской Республики на 2013 – 2017 годы	КфВ; Посольство Швейцарии в КР; ЮНЭЙДС; ЮНФПА; ВБ; ВПП; ВОЗ, GIZ
Национальная программа реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012 – 2016 годы	КфВ; Посольство Швейцарии в КР; ЮНЭЙДС; ЮНФПА; ЮНИСЕФ; ЮСАИД; ВБ; ВПП; ВОЗ
<b>Подсекторальные стратегии</b>	
Стратегия охраны и укрепления здоровья населения Кыргызской Республики до 2020 года (Здоровье – 2020)	КфВ; Посольство Швейцарии в КР; ЮСАИД; ВБ; ВОЗ
Инвестиционная стратегия в сфере здравоохранения на 2016-2025 годы	КфВ; Посольство Швейцарии в КР; ВБ
Национальная программа по борьбе с туберкулезом-V	КфВ; ЮСАИД; ВБ
Государственная Программа по стабилизации эпидемии ВИЧ-инфекции в Кыргызской Республике на 2017 – 2021 годы	КфВ; ЮНЭЙДС; ЮНФПА; ЮСАИД; ВБ; ВОЗ; ГФ
Государственная программа профилактики и контроля неинфекционных заболеваний в Кыргызской Республике на 2013 – 2020 годы.	КфВ; Посольство Швейцарии в КР; ВБ; ВПП; ВОЗ
Государственная программа «Иммунопрофилактика» на 2013 – 2017 годы	ВБ; ВОЗ
Программа по предупреждению восстановления местной передачи	ВБ; ВОЗ

малярии в Кыргызской Республике на 2014 – 2018 годы	
Государственная программа по защите здоровья граждан Кыргызской Республики от вредного воздействия табака на 2008 – 2015 годы.	ВОЗ
Программа государственных гарантий по обеспечению граждан Кыргызской Республики медико-санитарной помощью.	КфВ; Посольство Швейцарии в КР; ЮСАИД; ВБ
Программа электронного здравоохранения Кыргызской Республики на 2016 – 2020 годы	ЮСАИД; ВБ; ВОЗ
Концепция создания электронной базы данных лекарственных средств и изделий медицинского назначения в Кыргызской Республике.	ЮСАИД; ВБ; ВОЗ
Программа Правительства Кыргызской Республики по развитию сферы обращения лекарственных средств в Кыргызской Республике на 2014 – 2020 годы	ВБ; ВОЗ
Программа по дополнительному стимулированию врачей, работающих в организациях здравоохранения отдаленных районов, малых городов и сельской местности	Посольство Швейцарии в КР

## 5.4 Системы финансового управления

В разделе VI вопросника партнеров по развитию просят указать, какие финансовые инструменты страны и/или национальные системы закупок ими используются. Десять партнеров по развитию указали, была или не была зафиксирована ОПР в национальном бюджете здравоохранения, у восьми партнеров по развитию эта информация отсутствовала (диаграмма 15).



**Диаграмма 14.** Была ли ваша ОПР зафиксирована в годовом бюджете на 2017 год?

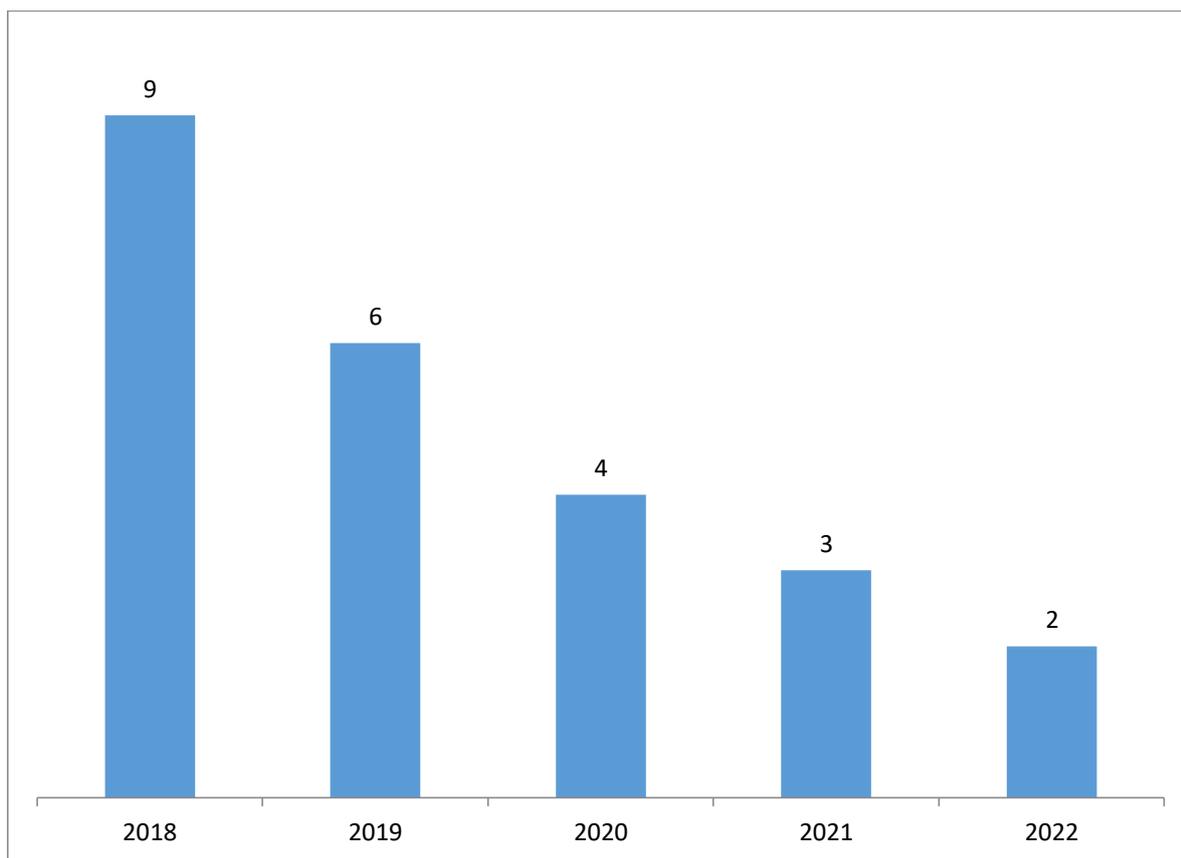
Четыре агентства представили на этот вопрос положительный ответ: КфВ, ВБ, ГАВИ и ЮНФПА.

Пять организаций предоставили данные о прохождении национальных процедур (исполнение бюджета, финансовая отчетность, аудит, закупки). Двое из этих доноров сообщили об использовании национальных процедур исполнения бюджета, финансовой отчетности и аудита. Среди партнеров, не относящихся к SWAp, только ЮНФПА сообщили об использовании национальной системы закупок.

## 5.5 Предсказуемость помощи

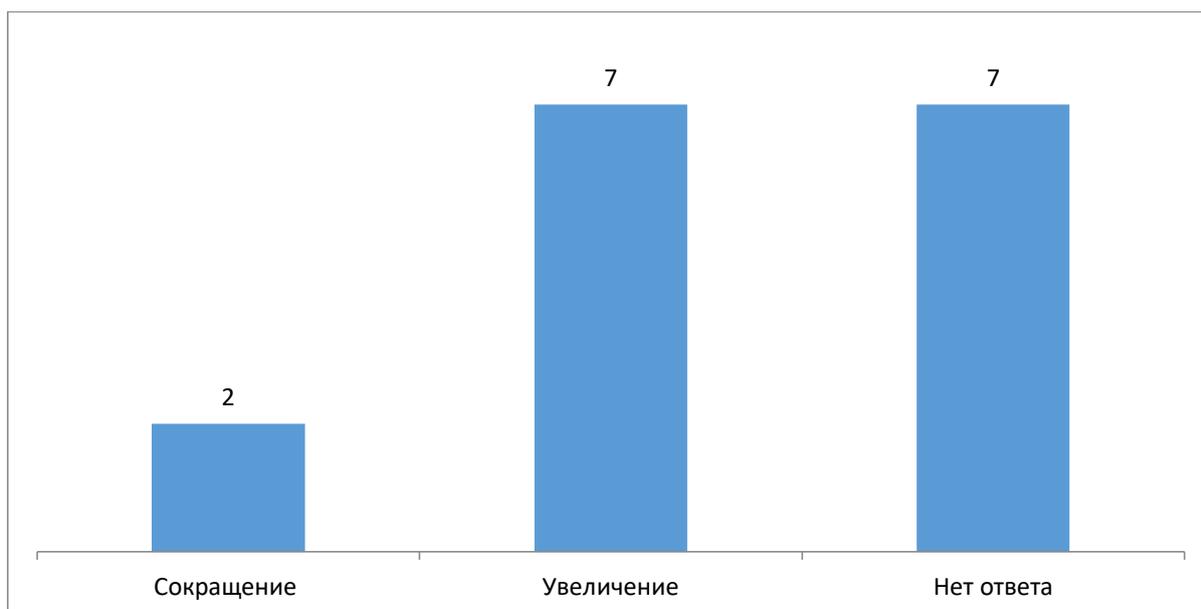
Это исследование охватило 41 проектов и программ: 34 из них продолжаются, 5 были завершены к 31 декабря 2017 года, 1 проект одобрен, но еще не запущен, и 1 проект был приостановлен.

Большинство партнеров по развитию (9) обязуются оказывать поддержку в 2018 году. Из них шесть партнеров намерены продолжать оказывать поддержку в 2019 году и четыре в 2020 году. Швейцарское агентство по развитию и сотрудничеству и Всемирная продовольственная программа взяли на себя обязательство поддерживать сектор здравоохранения Кыргызстана до 2022 года (диаграмма 16).



**Диаграмма 15.** Обязательство сообщества партнеров по развитию оказывать поддержку сектору здравоохранения Кыргызстана в будущем.

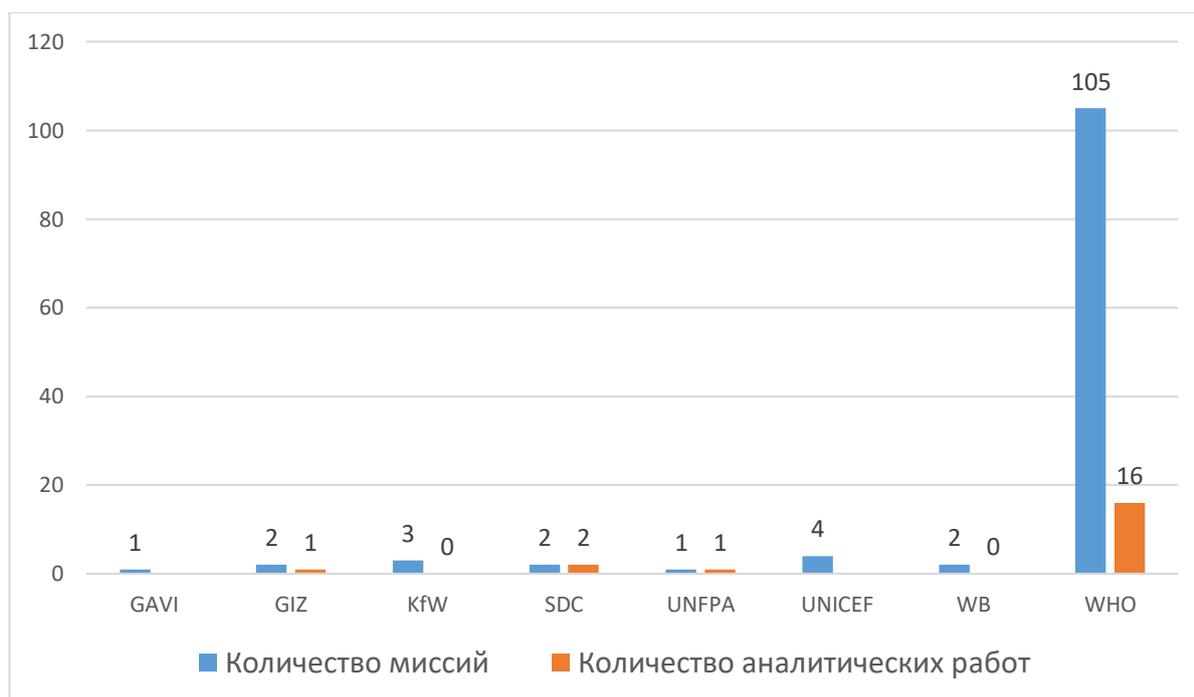
Из тех партнеров, которые продолжают поддерживать сектор здравоохранения Кыргызстана в 2018 году, семь агентств подтвердили намерение увеличивать финансирование, а два учреждения сообщили о планах по сокращению сумм своих взносов.



**Диаграмма 16.** Обязательства по размерам финансирования на 2019 г.

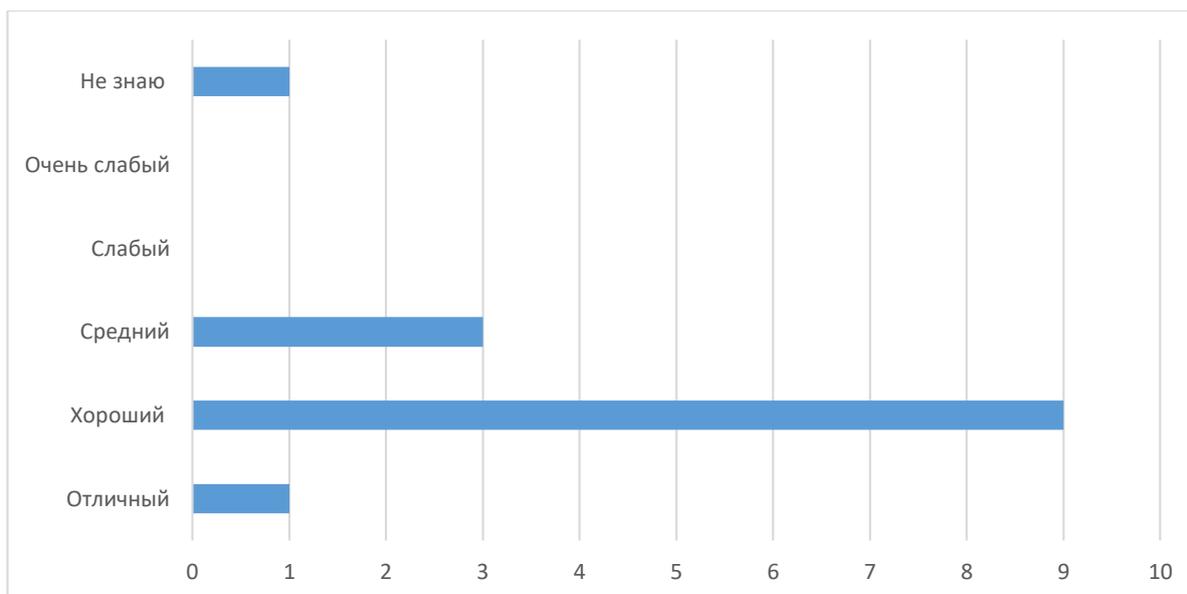
## 5.6 Координация и взаимодополняемость

8 партнеров по развитию сообщили, что в течение 2017 года было проведено в общей сложности 120 миссий, большая часть из них (105) проводилась ВОЗ. ВОЗ остается самым активным в этом отношении донором, также, как и в 2015 году. Кроме того, о проведенных в 2017 году аналитических работах сообщили Германское общество по международному сотрудничеству, Швейцарское посольство в Кыргызской Республике, ЮНФПА, и ВОЗ. В общей сумме проведено 20 совместных аналитических работ.



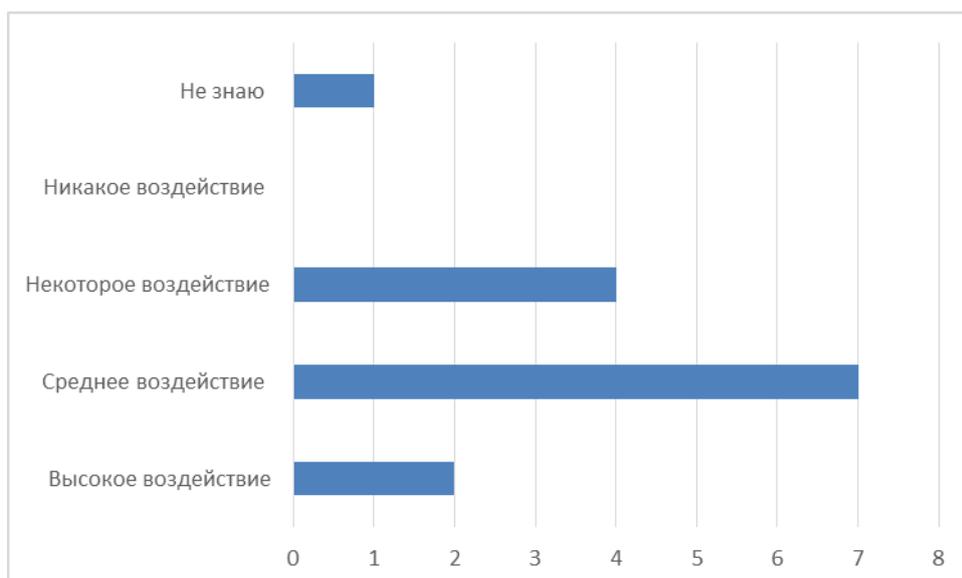
**Диаграмма 17.** Миссии партнеров в области развития сектора здравоохранения и аналитическая работа, 2017 г.

Девять из четырнадцати партнеров по развитию, которые оценили координацию партнеров в секторе здравоохранения, сообщили о хорошем уровне координации. Три партнера по развитию заявили, что координация осуществляется на среднем уровне. Один из партнеров был очень доволен качеством координации и отметил его как отличный.



**Диаграмма 18.** Оценка координации деятельности партнеров в секторе здравоохранения

Отзывы о характере действенности политического диалога между Министерством здравоохранения Кыргызской Республики и их организациями предоставили одиннадцать партнеров по развитию. Мнения доноров оказались неоднозначными: ВОЗ и ПРООН считают, что политический диалог имеет большое воздействие. Семь организаций отмечают среднее воздействие политического диалога между их организацией и Министерством здравоохранения. Четыре организации указали лишь о некотором воздействии от политического диалога.



**Диаграмма 19.** Мнение о воздействии политического диалога в 2017 году.

## 6 Обзор результатов

Данные, представленные в этом отчете, отражают обязательства 18 партнеров по развитию, финансировавших в общей сложности 41 проект в секторе здравоохранения Кыргызстана в 2017 году. Общая сумма ОПР, выделенная этими партнерами по развитию сектору здравоохранения Кыргызстана, составляет **53 974 277 долл. США - 23% от общих расходов на здравоохранение**<sup>12</sup>.

18% ОПР, предоставленных сектору здравоохранения, поставляются в рамках механизма SWAp-2, в котором участвуют три партнера. Помощь через SWAp осуществляется в виде *целевой поддержки бюджета* на реализацию Национальной программы реформирования здравоохранения «Ден соолук». Средства, полученные через проектную помощь, более чем в четыре раза превышают выплаты по SWAp.

Десять из 18 партнеров по развитию заявили о своей готовности работать над целями Национальной программы реформирования здравоохранения «Ден соолук» в Кыргызской Республике на 2012 – 2018 годы.

Более 70% ОПР предназначено для оказания медицинских услуг. В этой области наибольшее внимание уделяется стационарному сектору (37,2% от общей суммы ОПР, выплаченной в 2017 году). За ним следует первичная медико-санитарная помощь (25,5%). Услуги общественного здравоохранения получают только 21,7% этих средств.

Из средств, выделяемых на техническую помощь, наибольшая часть направлена на наращивание потенциала. Наибольшая доля инвестиционных фондов ориентирована на различные аспекты, не классифицированные в данном исследовании.

С точки зрения приоритетов наибольшую долю ОПР получают такие направления здравоохранения, как профилактика и контроль инфекционных заболеваний, охрана здоровья матери и ребенка, репродуктивное здоровье и профилактика и контроль неинфекционных заболеваний. На инфекционные болезни было направлено больше трети всех выплат ОПР в 2017 году.

Кыргызская Республика приняла на себя обязательства по достижению Целей устойчивого развития и прилагает все усилия для их достижения через национальные программы развития. В 2017 году в Кыргызской Республике проведена большая работа по внедрению первого этапа системы мониторинга в системе здравоохранения в рамках реализации Целей устойчивого развития до 2030 года (ЦУР). В результате проведенной работы был подготовлен набор национальных индикаторов для отслеживания прогресса реализации ЦУР в секторе здравоохранения. В данном исследовании включен вопрос, чтобы отразить долю финансовой поддержки Партнеров по развитию в рамках реализации ЦУР в 2017г.

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<sup>12</sup> Согласно официальному курсу обмена валюты в 2017 году.

В том, что касается использования финансовых механизмов страны, полученные в результате опроса ответы, свидетельствуют о необходимости продолжить дальнейшую работу в этом направлении. Меньше половины участников исследования указали, что используют местные механизмы финансового управления. А между тем, именно это помогло бы повысить прозрачность и подотчетность вливаемых в страну донорских средств. Местные учреждения должны консолидировать информацию и обмениваться сведениями о существующих механизмах, а сообщество развития должно более тесно взаимодействовать с ними. Аналогичным образом, данные показывают, что сообщество развития имеет много возможностей для улучшения финансовых механизмов как для совместных миссий, так и для аналитической работы.

Относительно прогнозов по поводу дальнейшей помощи следует отметить следующее: большинство партнеров продолжают работу в секторе здравоохранения Кыргызстана и вместе с тем, судя по полученным данным, присутствует намерение увеличить объемы финансовых вливаний.

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7. Данные Национального бюро статистики Республики Молдова: [http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice\\_POP020/POP020300reg.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9](http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice_POP020/POP020300reg.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9)
8. Данные Комитета по статистике Министерства национальной экономики Республики Казахстан: <http://stat.gov.kz/getImg?id=ESTAT105377>
9. Мониторинг официальной помощи в целях развития сектора здравоохранения Кыргызской Республики – 2015 год (первое издание) [http://med.kg/images/MyFiles/KGZ\\_ODA\\_edited\\_FINAL\\_CLEAN\\_VERSION\\_rus.pdf](http://med.kg/images/MyFiles/KGZ_ODA_edited_FINAL_CLEAN_VERSION_rus.pdf)

# Вопросник

## Оценка официальной помощи в целях развития сектору здравоохранения Кыргызской Республики, 2017 г.

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Нижеследующий вопросник адресован для заполнения всем организациям партнеров по развитию, предоставляющим официальную помощь в целях развития (ОПР) сектору здравоохранения. Каждому партнеру по развитию необходимо заполнить единый вопросник, в котором будет собрана информация по всем грантам и кредитам, предназначенным для сектора здравоохранения.

[ВКЛАДКА СО ССЫЛКОЙ НА РАЗДЕЛ С ОПРЕДЕЛЕНИЯМИ]

**Необходимо отметить, что в случае, если партнер по развитию выделил средства через другого партнера – двустороннего или многостороннего, – за заполнение предложенного вопросника ответственность несет тот партнер, который сделал окончательные финансовые выплаты.**

Руководитель организации-партнера в области развития несет ответственность за качество и точность предоставленных ответов, а также обычно несет ответственность за своевременное заполнение вопросника.

Крайний срок подачи заполненных анкет: **15 сентября 2018 года**

## I. Общая информация об организации – партнере в области развития

[ВСТАВКА СО ССЫЛКОЙ НА РАЗДЕЛ С ОПРЕДЕЛЕНИЯМИ]

**GI\_1. Организация-партнер в области развития** [вставьте название]

**GI\_2. Глава организации в Кыргызской Республике** [Впишите ФИО]

**GI\_3. Официальный партнер, представивший данный заполненный вопросник**

*Здесь обычно упоминается то же, что и в GI\_2, но возможно заполнение и другим лицом*

**GI\_4. Основные цели и достижения**

*Просьба представить объемом в одну страницу описание вашей официальной помощи в целях развития, указать основные цели и достижения, результаты и основные этапы деятельности на 2017 календарный год.*

**GI\_5. Просьба оценить примерно общую сумму ОПР, выделенную вашей организацией сектору здравоохранения в рамках различных методов оказания помощи в 2017 году:**

*Пожалуйста, введите общую сумму в первоначальной валюте (выберите из заранее определенного списка). Система автоматически конвертирует эту сумму в доллары США в соответствии с годовым обменным курсом, зарегистрированным Национальным банком Кыргызстана в 2017 году.*

№	Категория	Предоставление финансовых средств [исходная валюта]
1	Помощь по программе / проекту	
2	Поддержка бюджета сектора здравоохранения (SBS)	
3	Объединенные средства в рамках общесекторального подхода (SWAp)	
4	Другое объединенное финансирование	

## II. Детали программы/ проекта

*Каждый партнер в области развития должен заполнить разделы II, III, IV и V по каждой программе/ проекту, для реализации которых они предоставляют поддержку, соответствующую критериям ОПР.*

[ВСТАВКА, КОТОРАЯ ОТКРЫВАЕТ РАЗДЕЛЫ II, III И IV ДЛЯ КАЖДОЙ ПРОГРАММЫ / ПРОЕКТА СТОЛЬКО РАЗ, СКОЛЬКО НУЖНО]

**PDe\_1. Название проекта/ программы**

**PDe\_2. Менеджер проекта/ программы** [вписать имя TEXT TAB]

**PDe\_3. Должность:** [TEXT TAB]

**PDe\_4. Адрес электронной почты:** [TEXT TAB]

**PDe\_5. Номер телефона:** [TEXT TAB]

**PDe\_6. Программа / проект реализуется ...** [Вопрос с несколькими ответами]

№	Категория
1	непосредственно через офис партнера по развитию
2	через государственный сектор (Министерство здравоохранения КР/ другие государственные органы)
3	через агентство (международную или местную организацию/ организации)
4	через другое (указать)

**PDe\_7. Укажите, пожалуйста, название реализующего агентства/ агентств**

**PDe\_8. Дата начала:** [Date TAB]

**PDe\_9. Дата завершения:** [Date TAB]

**PDe\_10 Статус реализации на 31.12.2017**

№	Категория
1	Завершен
2	В процессе реализации
3	Одобрено, но не начат

4	Приостановлен
5	Другое (укажите) [TEXT TAB]

### III. Описание программы/ проекта

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ РАЗДЕЛА III]

**PD\_1. Цель проекта/ программы:** [TEXT TAB]

**PD\_2. Прогресс проекта/ программы (Ход работ по проекту/ программе)**

*Укажите, пожалуйста, до пяти ключевых показателей промежуточных результатов или итоговых результатов по каждому проекту, их целевые показатели и фактические значения на 2017 год, если они имеются. Партнер по развитию сам должен решить, какие из показателей, отражающих лучше его деятельность или результаты, выбрать.*

№.	Индикатор	Целевое значение	Фактическое значение	Примечания
1				
2				
3				
4				
5				

**PD\_3. Тип финансирования**

№	Категория
1	Грант
2	Льготный кредит

**PD\_3.1 Тип финансовой помощи:**

*Просьба оценить в %, общая сумма должна равняться 100%*

№	Категория	%
1	Связанное (обусловленное) финансирование	
2	Несвязанное (необусловленное) финансирование	

**PD\_4. Общий бюджет программы/ проекта**

[NUMBER TAB, в исходной валюте]

**PD\_4.1. Софинансируется ли проект /программа правительством / Министерством здравоохранения Кыргызской Республики? Каков вклад вашей организации в проект? [NUMBER TAB, в исходной валюте]**

**PD\_5. Сумма бюджета, выделенная в течение 2017 календарного года:**

[NUMBER TAB, в исходной валюте и автоматическое конвертирование в доллары США во второй TAB]

**PD\_6. Тип финансирования:**

*Оцените в %, общая сумма должна быть равна 100%.*

№	Категория	%
1	Техническая помощь (разработка политики; наращивание потенциала; разработка руководств и протоколов; разработка правовой и нормативной базы; другое).	
2	Инвестиция (строительство и ремонт; медицинское оборудование и технологии; информационные технологии; медицинские принадлежности; другое).	
3	Административные затраты.	

*ФИЛЬТР: PD\_7 применяется только к партнерам по развитию, которые предоставляют техническую помощь*

**PD\_7. Если вы предоставляете техническую помощь, пожалуйста, оцените распределение финансовых ресурсов по следующим категориям, в %**

№	Категория	Предоставление средств

		%
1	Разработка политики (включая мониторинг и оценку, аналитические работы)	[NUMBER TAB]
2	Наращивание потенциала	[NUMBER TAB]
3	Разработка руководств и протоколов	[NUMBER TAB]
4	Разработка правовой и нормативной базы	[NUMBER TAB]
5	Другое (укажите) [TEXT TAB]	[NUMBER TAB]

*ФИЛЬТР: PD\_8 применяется только к партнерам по развитию, которые предоставляют инвестиционную поддержку*

**PD\_8. Если вы предоставляете инвестиционную помощь, пожалуйста, оцените распределение финансовых ресурсов по следующим категориям, в %:**

№	Категория	Предоставление финансирования %
1	Строительство и ремонт	[NUMBER TAB]
2	Медицинское оборудование и технологии	[NUMBER TAB]
3	Информационные технологии	[NUMBER TAB]
4	Медицинские принадлежности (включая иммунизационные препараты, фармацевтические препараты и т.д.)	[NUMBER TAB]
5	Другое (укажите) [TEXT TAB]	[NUMBER TAB]

#### **IV. Описание программы/ проекта по приоритетным областям сектора здравоохранения**

[ВСТАВКА С СООТВЕТСТВУЮЩИМИ ОПРЕДЕЛЕНИЯМИ К РАЗДЕЛУ IV]

**РА\_1. Каково процентное соотношение оказываемой вами финансовой поддержки в следующих областях системы здравоохранения? Просьба оценить в %, общая сумма должна равняться 100%**

<b>№</b>	<b>Категория</b>	<b>Предоставление финансирования, %</b>
1	Предоставление медицинских услуг (первичная медико-санитарная помощь, больницы, услуги общественного здравоохранения, неотложная (экстренная) помощь)	[NUMBER TAB]
2	Создание ресурсов (кадровые ресурсы здравоохранения, информационные системы здравоохранения, медицинское оборудование, медицинские принадлежности и т. д.)	[NUMBER TAB]
3	Финансирование здравоохранения	[NUMBER TAB]
4	Лидерство и управление	[NUMBER TAB]

*ФИЛЬТР: РА\_2 применяется только к тем партнерам в области развития, которые оказывают поддержку в развитии / укреплении сферы медицинских услуг*

**РА\_2. Какова доля вашей финансовой поддержки и организационной деятельности в следующих областях оказания медицинских услуг? Просьба оценить в%, общая сумма должна равняться 100%**

<b>№</b>	<b>Категория</b>	<b>Предоставление финансирования %</b>
1	Первичная медико-санитарная помощь	[NUMBER TAB]
2	Больницы	[NUMBER TAB]
3	Услуги общественного здравоохранения	[NUMBER TAB]
4	Экстренная помощь	[NUMBER TAB]
	<b>ВСЕГО</b>	<b>100%</b>

ФИЛЬТР: PA\_3 применяется только к партнерам по развитию, которые делают инвестиционные вложения (см. вопрос PD\_8) в сфере

предоставления медицинских услуг (см. вопрос PA\_1)

**PA\_3. Какая доля вашей финансовой поддержки направляется на следующие сферы предоставления медицинских услуг, в разбивке по следующим категориям?**

*Пожалуйста, оцените в %, чтобы каждый столбец составлял 100%.*

Категория	1.ПМСП	2.Больницы	3.Услуги общественного здравоохранения	4.Экстренная помощь
Строительство и ремонт				
Медицинское оборудование и технологии				
Информационные технологии				
Медицинские поставки				
Другое				
<b>ВСЕГО</b>	100%	100%	100%	100%

**PA\_4. Просьба оценить примерно, какая доля вашей финансовой поддержки направлена на различные категории заболеваний, факторы риска, по следующим уровням оказываемой медико-санитарной помощи:**

*Пожалуйста, оцените в %, чтобы каждый столбец составлял 100%.*

Категория	1.ПМСП	2.Больницы	3.Услуги общественного здравоохранения	4.Экстренная помощь
Инфекционные заболевания	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Факторы риска	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Неинфекционные заболевания	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Травмы и насилие	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

Здоровье матери и ребенка, репродуктивное здоровье	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Здоровье подростков	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Другое (укажите) [ТЕХТ ТАВ]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
<b>ВСЕГО</b>	100%	100%	100%	100%

ФИЛЬТР: РА\_5 относится только к тем партнерам по развитию, которые оказывают поддержку в области борьбы с инфекционными заболеваниями

**РА\_5. Просьба оценить приблизительно, какая часть вашей финансовой поддержки направлена на борьбу с различными заболеваниями по уровням оказываемой медико-санитарной помощи.**

*Пожалуйста, оцените в%, чтобы каждый столбец составлял 100%.*

№	Инфекционные заболевания	ПМСП	Больницы	Услуги общественного здравоохранения	Экстренная помощь
1.1	ВИЧ				
1.2	Туберкулез				
1.3	Гепатит				
1.4	Заболевания, предотвращаемые вакцинацией				
1.5	Другое				
		100%	100%	100%	100%

ФИЛЬТР: РА\_6 применяется только к тем партнерам по развитию, которые оказывают поддержку в области факторов риска

**РА\_6. Просьба оценить примерно, какая доля вашей финансовой поддержки направлена на различные области факторов риска по уровням оказываемой медико-санитарной помощи.**

*Просьба оценить в%, чтобы каждый столбец составлял 100%.*

№	Факторы риска	ПМСП	Больницы	Услуги общественной ного здравоохранения	Экстренная помощь
2.1	Табак				
2.2	Алкоголь				
2.3	Питание				
2.4	Физическая активность				
		100%	100%	100%	100%

ФИЛЬТР: РА\_7 применяется только к тем партнерам по развитию, которые оказывают поддержку в области борьбы с неинфекционными заболеваниями РА\_7. Просьба рассчитать примерно, какая часть вашей финансовой поддержки направлена на различные категории неинфекционных болезней по уровням оказываемой медико-санитарной помощи: Просьба оценить в %, чтобы общее количество по каждой вертикали составляло 100%

№	Неинфекционные болезни	ПМСП	Больницы	Услуги общественной ного здравоохранения	Экстренная помощь
3.1	Сердечно-сосудистые заболевания (ССЗ)				
3.2	Рак				
3.3	Диабет				
3.4	Хроническая обструктивная болезнь легких (ХОБЛ)				
3.5	Психическое здоровье				
3.6	Другое				
		100%	100%	100%	100%

## V. Согласованность потоков помощи с национальными и международными приоритетами

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**NP\_1. Сколько ОПР в целом вы выделили на здравоохранение в 2017 календарном году?**

([NUMBER TAB, в исходной валюте, заранее определенный список])

**NP\_2. Поддержала ли ваша организация Совместное заявление о партнерстве между правительством и партнерами по развитию в рамках Национальной программы реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012 – 2016 годы (общесекторальный подход в секторе здравоохранения)?** *Пожалуйста, проверьте, что применимо:*

1. Да
2. Нет

**NP\_3. Пожалуйста, укажите, в развитие какой национальной политики, каких стратегий или программ сектора здравоохранения ваша организация вносит свой вклад:** *Пожалуйста, отметьте, что применимо: [Возможны несколько ответов]*

#### **Общие стратегии**

1. Национальная стратегия устойчивого развития Кыргызской Республики на период 2013 – 2017 годы.
2. Национальная программа реформирования здравоохранения Кыргызской Республики «Ден соолук» на 2012 – 2016 годы.

#### **Субсекторальные стратегии**

1. Стратегия охраны и укрепления здоровья населения Кыргызской Республики до 2020 года («Здоровье – 2020»)
2. Инвестиционная стратегия в сфере здравоохранения на 2016 - 2025 годы
3. Программа борьбы с туберкулезом V
4. Государственная Программа по стабилизации эпидемии ВИЧ-инфекции в Кыргызской Республике на 2017 – 2021 годы
5. Государственная программа профилактики и контроля неинфекционных заболеваний в Кыргызской Республике на 2013 – 2020 годы
6. Государственная программа «Иммунопрофилактика» на 2013 - 2017 годы
7. Программа по предупреждению восстановления местной передачи малярии в Кыргызской Республике на 2014 - 2018 годы
8. Программа государственных гарантий по обеспечению граждан Кыргызской Республики медико-санитарной помощью

9. Программа электронного здравоохранения Кыргызской Республики на 2016 - 2020 годы
10. Концепция создания электронной базы данных лекарственных средств и изделий медицинского назначения в Кыргызской Республике
11. Программа Правительства Кыргызской Республики по развитию сферы обращения лекарственных средств в Кыргызской Республике на 2014 - 2020 годы
12. Программа по дополнительному стимулированию врачей, работающих в организациях здравоохранения отдаленных районов, малых городов и сельской местности.

**NP\_4. Другие:** В случае, если в приведенном списке не указана поддерживаемая вами программа, пожалуйста, укажите ту национальную политику, стратегии или программы сектора здравоохранения, в развитие которых ваша организация вносит свой вклад:

**NP\_5. В справочных целях укажите, какова сумма ОПР, предназначенная для сектора здравоохранения Кыргызской Республики, которую вы выделили другим партнерам по развитию в 2017 году (ОПР, которая не учитывается в Ваших ответах на другие вопросы):**

[NUMBER TABS, в оригинальной валюте и автоматически произвести учет в долларах США во второй TAB]

**NP\_6. Пожалуйста, укажите название тех агентств-партнеров по развитию, через которые Вы предоставили ОПР для сектора здравоохранения Кыргызской Республики в 2017 году:**

[TEXT TAB, возможно введение нескольких названий]

**NP\_7. Какова доля вашей финансовой поддержки в рамках реализации ЦУР в 2017г.(%)**

*Пожалуйста, оцените в %. [Возможны несколько ответов]*

№	Задачи	%
1	3.1. К 2030 году снизить глобальный коэффициент материнской смертности до менее 70 случаев на 100 000 живорождений	
2	3.2. К 2030 году положить конец предотвратимой смертности новорожденных и детей в возрасте до 5 лет, при этом все страны должны стремиться уменьшить неонатальную смертность до не более 12 случаев на 1000 живорождений, а смертность в возрасте до 5 лет до не более 25 случаев на 1000 живорождений	

3	3.3. К 2030 году положить конец эпидемиям СПИДа, туберкулеза, малярии и тропических болезней, которым не уделяется должного внимания, и обеспечить борьбу с гепатитом, заболеваниями, передаваемыми через воду, и другими инфекционными заболеваниями	
4	3.4. К 2030 году уменьшить на треть преждевременную смертность от неинфекционных заболеваний посредством профилактики и лечения и поддержания психического здоровья и благополучия	
5	3.5. Улучшать профилактику и лечение зависимости от психоактивных веществ, в том числе злоупотребления наркотическими средствами и алкоголем	
6	3.6. К 2020 году вдвое сократить во всем мире число смертей и травм в результате дорожно-транспортных происшествий	
7	3.7. К 2030 году обеспечить всеобщий доступ к услугам по охране сексуального и репродуктивного здоровья, включая услуги по планированию семьи, информирование и просвещение, и учет вопросов охраны репродуктивного здоровья в национальных стратегиях и программах	
8	3.8. Обеспечить всеобщий охват услугами здравоохранения, в том числе защиту от финансовых рисков, доступ к качественным основным медико- санитарным услугам и доступ к безопасным, эффективным, качественным и недорогим основным лекарственным средствам и вакцинам для всех	
9	3.9. К 2030 году существенно сократить количество случаев смерти и заболевания в результате воздействия опасных химических веществ и загрязнения и отравления воздуха, воды и почв	
10	3.a.Активизировать при необходимости осуществление Рамочной конвенции Всемирной организации здравоохранения по борьбе против табака во всех странах	
11	3.b .Оказывать содействие исследованиям и разработкам вакцин и лекарственных препаратов для лечения инфекционных и неинфекционных болезней, которые в первую очередь затрагивают развивающиеся страны, обеспечивать доступность недорогих основных лекарственных средств и вакцин в соответствии с Дохинской декларацией «Соглашение по ТРИПС и общественное здравоохранение», в которой подтверждается право развивающихся стран в полном объеме использовать положения Соглашения по торговым аспектам прав интеллектуальной собственности в отношении проявления гибкости для целей охраны здоровья населения и, в частности, обеспечения доступа к лекарственным средствам для всех	
12	3.c . Существенно увеличить финансирование здравоохранения и набор, развитие, профессиональную подготовку и удержание медицинских кадров в	

	развивающихся странах, особенно в наименее развитых странах и малых островных развивающихся государствах	
13	3.d . Нарращивать потенциал всех стран, особенно развивающихся стран, в области раннего предупреждения, снижения рисков и регулирования национальных и глобальных рисков для здоровья	
14	Другие задачи ЦУР, связанные с вопросами здоровья	

## **Раздел VI. Распределение поддержки партнеров по развитию в рамках среднесрочного планирования бюджета (МТВФ) и других финансовых инструментов**

### **Среднесрочное планирование бюджета**

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**(МТ\_1. Какой % вашей помощи был направлен на следующие категории МТВФ (в рамках среднесрочного планирования бюджета) в 2017 году**

*Просьба оценить в % по каждой из семи основных категорий и проверить относящиеся к ним подкатегории:*

[ВСПЛЫВАЮЩЕЕ ОКНО С ПОДКАТЕГОРИЯМИ ДАЕТ ВОЗМОЖНОСТЬ ПРОВЕРИТЬ ВСЕ, ЧТО СЮДА ОТНОСИТСЯ]	%
i. Управление и администрирование	[NUMBER TAB]
ii. Индивидуальные услуги	[NUMBER TAB]
iii. Дорогостоящая/ высокотехнологичная медицинская помощь	[NUMBER TAB]
iv. Общественное здравоохранение	[NUMBER TAB]
v. Медицинское образование	[NUMBER TAB]
vi. Государственные гарантии	[NUMBER TAB]
vii. Дополнительная программа ОМС	[NUMBER TAB]

### **Использование государственной системы управления государственными финансами**

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**FM\_1. Была ли ваша ОПР, предоставленная сектору здравоохранения, зафиксирована в годовом бюджете на 2017 год?**

1. Да
2. Нет
3. Не знаю

**FM\_2. Сколько ОПР, направленной на развитие сектора здравоохранения, было фактически учтено в национальных системах учета в 2017 календарном году? [NUMBER TAB, в долл. США]**

**Какая часть ОПР, выделенной правительственному/ государственному сектору, была учтена в 2017 календарном году в:**

**FM\_3. ...в процедуре исполнения государственного бюджета (счет Казначейства)?**

[NUMBER TAB, в долл. США]

88. Не знаю

**FM\_4. ...в национальных процедурах финансовой отчетности?**

[NUMBER TAB, в долл. США]

88. Не знаю

**FM\_5. ...в национальных процедурах аудита?**

[NUMBER TAB, в долл. США]

88. Не знаю

**FM\_6. ...во всех трех вышеупомянутых национальных процедурах?**

[NUMBER TAB, в долл. США]

88. Не знаю

## **Использование национальной системы закупок**

### **Кыргызской Республики**

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**PS\_1. Какой объем ОПР, выделенной для сектора здравоохранения, был проведен через национальные системы закупок в 2017 календарном году?**

[NUMBER TAB, в долл. США]

88. Не знаю

## **VIII. Географический охват**

**GC\_1. Просьба оценить примерно, какая доля вашей финансовой поддержки направлена на различные географические регионы:**

*Пожалуйста, оцените в %, чтобы общая сумма была равна 100%*

*[Возможны несколько ответов]*

№	Категория	%
1	Национальный охват	
2	Целевой субнациональный (региональный) охват	
3	Пилотные районы	
		100%

**ФИЛЬТР:** GC\_2 применяется только к тем партнерам по развитию, которые отметили целевой субнациональный охват и / или пилотные регионы

**GC\_2 Просьба указать, где:** [Возможно несколько ответов]

	1. Кыргызская Республика
	2. Город Бишкек
	3. Город Ош
	4. Баткенская область
	1. Город Баткен
	2. Город Кызылкия
	3. Город Сулюкта
	4. Город Исфана
	5. Город Кадамджай
	6. Баткенский район
	7. Кадамжайский район
	8. Лейлекский район
	5. Джалал-Абадская область
	1. Город Джалал-Абад
	2. Город Каракуль
	3. Город Кок-Жангак
	4. Город Кербен
	5. Город Майлысуу
	6. Город Ташкомур
	7. Аксыйский район
	8. Алабукинский район
	9. Базаркоргонский район
	10. Ноокенский район
	11. Сузакский район
	12. Тогутороонский район
	13. Токтогульский район
	14. Чаткальский район

	6. Иссык-Кульская область
	1. город Балыкчи
	2. город Каракол
	3. Аксуйский район
	4. Джетиогузский район
	5. Иссыккульский район
	6. Тонный район
	7. Тюпский район
	7. Нарынская область
	1. Город Нарын
	2. Акталинский район
	3. Атбашинский район
	4. Нарынский район
	5. Жумгалский район
	6. Кочкорский район
	8. Ошская область
	1. Алайский район
	2. Араванский район
	3. Каракульский район
	4. Карасуйский район
	5. Ноокатский район
	6. Узгенский район
	7. Чон-Алайский район
	9. Таласская область
	1. Город Талас
	2. Бакайский район
	3. Карабуринский район
	4. Манасский район
	5. Таласский район
	10. Чуйская область
	1. Город Токмок
	2. Аламудунский район
	3. Жаильский район
	4. Кеминский район
	5. Московский район
	6. Панфиловский район
	7. Сокулукский район
	8. Чуйский район
	9. Иссык-атаский район

**Раздел VIII. Повышение уровня предсказуемости в вопросах оказания поддержки** [ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**AP\_1. Планируете ли вы продолжать поддерживать сектор здравоохранения в 2018 – 2022 годах?**

1. Да, до \_\_\_\_\_ года [вкладка, где партнер по развитию может указать год]
2. Нет
3. Неизвестно (решение не принято)

**Сколько в целом ОПР для сектора здравоохранения КР:**

**AP\_2. вы планировали оказать в 2018 календарном году?** [NUMBER TAB, в долл. США]

**AP\_3. вы планировали оказать в 2019 календарном году?** [NUMBER TAB, в долл. США]

**AP\_4. вы планировали оказать в 2020 календарном году?** [NUMBER TAB, в долл. США]

**AP\_5. вы планировали оказать в 2021 календарном году?** [NUMBER TAB, в долл. США]

**AP\_6. вы планировали оказать в 2022 календарном году?** [NUMBER TAB, в долл. США]

**AP\_7. Согласована ли поддержка, предоставляемая вашей организацией Кыргызской Республике в рамках долгосрочного государственного плана, с местными органами власти?**

1. Да
2. Нет

**AP\_8. Просьба указать даты начала и окончания текущих и последующих долгосрочных планов по оказанию помощи вашей организацией Кыргызской Республике:**

Текущий план			Последующий план		
Название текущего плана	Год начала	Год окончания	Название последующего плана	Год начала	Год окончания
	[TEXT TAB]	[TEXT TAB]		[TEXT TAB]	[TEXT TAB]

**AP\_9. Просьба указать, сколько запланировано выделить финансовых средств на 2018 - 2022 гг. в разбивке по следующим категориям в рамках среднесрочного планирования бюджета (MTBF)**

[NUMBER TAB, в исходной валюте и автоматическое конвертирование в доллары США во второй TAB]

[ВСПЛЫВАЮЩЕЕ ОКНО С ПОДКАТЕГОРИЯМИ ВОЗМОЖНОСТЬ ПРОВЕРИТЬ ВСЕ, ЧТО СЮДА ОТНОСИТСЯ]	2018 (US\$)	2019 (US\$)	2020 (US\$)
I. Управление и администрирование	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
II. Индивидуальные услуги	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
III. Дорогостоящая/ высокотехнологичная медицинская помощь	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
IV. Общественное здравоохранение	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
V. Медицинское образование	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VI. Государственные гарантии	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VII. Дополнительная программа ОМС	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

**Раздел IX. Использование партнерами по развитию совместных общих механизмов и процедур**

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**Совместные миссии**

[ТАБЛИЦА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**JM\_1. Сколько миссий на местах было проведено в 2017 календарном году?**

[Вкладка с номерами]

**Число и название миссий:**

**JM\_2. Сколько из них было скоординировано:**

[Вкладка с номерами]

	[ТЕХТ ТАВ] Вставьте название /	[ТЕХТ ТАВ] Скоординированы ли с партнерами по развитию?	[ДА/ НЕТ] Скоординировано согласно Совместному заявлению (по общесекторальному подходу (SWAp))?
1			
2			
3			
4			
5			
[Возможность добавления дополнительных вкладок]			

## **Совместная аналитическая работа в секторе здравоохранения**

[ВКЛАДКА СО ССЫЛКОЙ НА ОПРЕДЕЛЕНИЯ]

**Сколько аналитических работ по сектору здравоохранения вы предприняли/ выполнили в 2017 календарном году? AW\_1. Количество работ:** [Вкладка с номером]

**AW\_2. Сколько из них было скоординировано с партнерами?**

[Вкладка с номером]

*Чтобы облегчить суммарный расчет результатов по каждой скоординированной аналитической работе в секторе здравоохранения, пожалуйста, дайте ниже описание и список заинтересованных сторон, с которыми координировалась аналитическая работа.*

[NUMBER TAB]	[TEXT TAB] Название	[TEXT TAB] с какими партнерами по развитию согласована/ скоординирована?	[ДА/ НЕТ] Скоординирована ли в соответствии с Совместным заявлением (по общесекторальному подходу (SWAp))?
1			
2			
3			
4			
5			
[Возможность добавления дополнительных вкладок]			

## РАЗДЕЛ X. Координация и взаимодополняемость

*Диалог по вопросам политики, координация и взаимодополняемость помощи партнеров по развитию являются ключевыми вопросами в Парижской декларации и особенно важны в таких секторах, как здравоохранение. Как бы вы оценили следующие соответствующие положения?*

**СС\_1. Как вы оцениваете общую координацию партнеров по развитию в секторе здравоохранения?**

1. Отлично
2. Хорошо
3. Средне
4. Слабо
5. Очень слабо
88. Не знаю

**СС\_2. Какую роль, на ваш взгляд, играет/ играла международная организация, которую вы представляете в рамках сообщества партнеров по развитию в секторе здравоохранения Кыргызской Республики в период с 2012 по 2017 год?**

[ТЕКСТОВАЯ ВКЛАДКА]

**СС\_3. Как вы оцениваете степень, в которой поддержка партнеров по развитию была согласована с приоритетами сектора здравоохранения в Кыргызской Республике?**

По шкале от 1 до 10

1 2 3 4 5 6 7 8 9 10

**СС\_4. Просьба обосновать вашу оценку**

[ТЕКСТОВАЯ ВКЛАДКА]

**СС\_5. Что препятствовало достижению полной согласованности с приоритетами сектора здравоохранения?**

[ТЕКСТОВАЯ ВКЛАДКА]

**СС\_6. Как бы вы оценили степень воздействия политического диалога между Министерством здравоохранения КР и международной организацией, которую вы представляете, на дальнейшие приоритеты вашей организации в секторе здравоохранения?**

1. Высокая
2. Средняя
3. В некоторой степени
4. Никакого воздействия
88. Не знаю

**СС\_7. Обоснуйте ваш ответ:**

[ТЕКСТОВАЯ ВКЛАДКА]

**СС\_8. Как вы считаете, помог ли механизм координации действий партнеров по развитию, возглавляемый Министерством здравоохранения КР, улучшить общую координацию деятельности в секторе здравоохранения?**

1. Да
2. Нет
88. Не знаю

**СС\_9. Если да, просьба сообщить подробнее, в чем именно заключается дополнительная польза этого механизма координации [TEXT TAB]**

**СС\_10. С какими проблемами вы столкнулись при работе через этот координационный механизм?**

[ТЕКСТОВАЯ ВКЛАДКА]

**СС\_11. Что, на ваш взгляд, следует предпринять для улучшения механизма координации действия партнеров по развитию, возглавляемого Министерством здравоохранения КР?**

[ТЕКСТОВАЯ ВКЛАДКА]

**Просьба ниже указать любые другие замечания или вопросы.**

[ТЕКСТОВАЯ ВКЛАДКА]

**Благодарим Вас!**

**Спасибо, что ответили на вопросы нашего исследования. Ваш ответ очень важен для нас.**

**F\_1. Пожалуйста, сообщите нам, каково ваше мнение об этом опросе, о его структуре и вопросах. Просьба ниже представить любые комментарии и предложения [ТЕКСТОВАЯ ВКЛАДКА]**

**F\_2. Если вы столкнулись с какими-либо конкретными проблемами, связанными с вводом данных в онлайн-версию, сообщите нам, чтобы мы могли улучшить этот процесс в следующем году. [ТЕКСТОВАЯ ВКЛАДКА]**

# Приложение III. Глоссарий

## Анкета

<b>I. Раздел I - Общая информация об Организации-Партнере по развитию</b>	
Партнер по развитию	Партнер по развитию (или “донор”) это официальная организация — в том числе государственные и местные органы власти — которая предоставляет Официальную Помощь в целях Развития (Статистические директивы OECD-DAC пункт 35). Согласно этому определению, неправительственные организации (НПО) и частные компании НЕ МОГУТ считаться донорами. Во избежание двойного учета в тех случаях, когда один донор или многостороннее агентство предоставляет средства ОПР от имени другого донора, только та организация, которая производит окончательное выделение средств стране должна отчитываться об этих средствах.
ОПР	Официальная помощь в целях развития (ОПР) включает в себя все операции, как это определено в Статистических директивах OECD-DAC пункт 35, таких, как официальные транзакции, которые <ol style="list-style-type: none"> <li>1. осуществляются с продвижением экономического развития и благосостояния             <ul style="list-style-type: none"> <li>• развивающиеся страны в качестве своей основной цели; а также</li> <li>• являются концессиональными по своему характеру</li> </ul> </li> <li>2. и содержат грантовый элемент, как минимум 25%.</li> </ol>
Операции ОПР не отраженные в этом опросе	Следующие операции исключены из сферы охвата данного исследования и не должны быть отражены: <ul style="list-style-type: none"> <li>• Транзакции, совершенные для региональных организаций</li> <li>• Реорганизация / Реструктуризация задолженности</li> <li>• Чрезвычайная и гуманитарная помощь</li> <li>• Благотворительная помощь или частное спонсорство</li> </ul>
Предоставление средств	1. Предоставление средств это размещение ресурсов в распоряжение страны или ведомства получателя (Статистические директивы OECD-DAC пункт 15-18). Ресурсы,

	<p>предоставляемые в натуральной форме должны быть включены только тогда, когда стоимость ресурсов была указана в денежном выражении в соглашении или в документе, переданном правительству.</p> <p>2. В случае, когда ОПР предоставляется стране-партнеру в рамках региональной программы донора (мультистрановая) и можно определить те виды деятельности и распределения средств, которые относятся к этой стране-партнеру, такие распределения средств также должны быть учтены..</p> <p>3. Во избежание двойного учета в случаях, когда один донор или многостороннее агентство распределяет средства ОПР от имени другого лица, только та организация, которая производит окончательное выделение средств стране, должна отражать информацию об этих средствах.</p>
Курсы валют	<p>ОПР следует отражать в долларах США. Таблица обменных курсов предоставляется на веб-сайте Исследования 2011 года: <a href="http://www.oecd.org/dac/pdsurvey">http://www.oecd.org/dac/pdsurvey</a></p>
Поддержка бюджета сектора	<p>Прямая поддержка бюджета определяется как метод финансирования бюджета страны-партнера путем передачи ресурсов от донора в национальную казну правительства страны-партнера. Средства, переданные таким образом, управляются в соответствии с бюджетными процедурами получателя. Поддержка бюджета сектора означает, что диалог между донорами и правительствами стран-партнеров фокусируется на проблемах конкретных секторов, а не на общих приоритетах политики и бюджета (ОЕСД 2006). Денежные средства, поступающие в государственную казну для финансирования программ или проектов, управляемых в соответствии с различными бюджетными процедурами страны-партнера, с намерением или ассигнованием ресурсов для конкретных целей, таким образом исключаются из настоящего определения бюджетной поддержки. Это определение также включает в себя предоставляемую поддержку бюджета сектора, а также общую поддержку бюджета (определения приведены ниже)</p>
Принципы SWAp в Кыргызстане и	<p>В 2012 году было подписано Совместное заявление для партнерства между правительством Кыргызстана (в лице Министерства</p>

Совместное Заявление	здравоохранения) и Партнерами по развитию по Национальной программе Реформирования сектора здравоохранения Ден Соолук 2012-2016. Документ подтверждает приверженность в отношении Широкосекторального подхода (SWAP), внедренного в Кыргызстане впервые в 2006 г. Совместное заявление не предполагает каких-либо конкретных методов финансирования. Поэтому финансовая поддержка Ден Соолук может иметь различные формы, включая поддержку бюджета, объединенное финансирование или параллельное финансирование.
<u>Объединенное</u> финансирование	В настоящем методе помощи донор вкладывает средства на автономный счет, управляемый совместно с другими донорами и/или получателем. Счет будет иметь определенные цели, способы выделения средств и механизмы подотчетности и ограниченные сроки. Объединенные средства характеризуются общей проектной документацией, общими договорами финансирования и общей процедурой отчетности / аудита со всеми участвующими донорами.
Объединенные средства SWAp-2	В 2015 году отдельные учреждения, а именно Всемирный банк, Швейцарское агентство по развитию и сотрудничеству и KfW объединяют ресурсы в рамках проекта SWAp-2 для поддержки программы Ден Соолук.
<b>Раздел II - Информация о программе/проекте (применимо как для Помощи через программу/проект, так и для Поддержки бюджета сектора)</b>	
Исполнительное агентство	Агентство, которое несет ответственность за действия изо дня в день, связанные с одним проектом. Это могут быть государственные органы, другие учреждения ООН, неправительственные организации, университеты и т.д.
<b>Раздел III - Описание программы/проекта (применяется как к проектной/программной помощи, так и к Поддержке бюджету сектора (SBS))</b>	
Техническая поддержка	Техническая поддержка является предоставлением ноу-хау в форме персонала, обучения, исследований и связанных с ними затрат (Директивы Статистической отчетности OECD DAC 40-44). Она включает в себя финансируемые донорами:

	<ul style="list-style-type: none"> <li>• мероприятия, увеличивающие уровень знаний, навыков, технических ноу-хау или продуктивных склонностей людей в развивающихся странах; а также</li> <li>• такие услуги, как услуги консультантов, техническая поддержка или предоставление ноу-хау, которые вносят свой вклад в выполнение капитального проекта.</li> </ul> <p>Техническая поддержка, такая как: разработка политики; наращивание потенциала; разработка руководств и протоколов и нормативно-правовой и регулятивной базы, могут быть предоставлены как правительственным, так и неправительственным организациям, а также включает в себя как независимое техническое сотрудничество и техническое сотрудничество, внедренное в инвестиционные программы (или включенное в программные подходы). Для того, чтобы отразить в отчете в отношении этого вопроса, донорам предлагается пересмотреть свой портфель проектов и программ и оценить долю технического сотрудничества</p>
Инвестиции	<p>Медицинское оборудование и Технология включают в себя широкий спектр продуктов медицинского назначения, и используются для диагностики, мониторинга или лечения заболеваний или медицинских показаний, влияющих на людей. Такие технологии (применение медицинской науки) предназначены для улучшения качества медицинской помощи, предоставляемой посредством более ранней диагностики, менее инвазивных методов лечения и сокращения пребывания в стационаре и время реабилитации. Информационные технологии (ИТ) касаются технологии для обращения с информацией. Сбор, обработка, хранение и распространение голосовой, графической, текстовой и числовой информации с помощью микроэлектронной комбинации информационно-вычислительной систем и телекоммуникаций являются его основными сферами.</p>
Административные расходы	<p>Статистическая категория административных расходов охватывает только те административные расходы, связанные с программами помощи в целях развития, которые еще не включены в другие пункты ОПР в качестве неотъемлемой части затрат на предоставление или осуществление</p>

	<p>предоставляемой помощи. Категория может включать в себя анализ ситуации и аудит. Охват административных расходов имеет право отражать:</p> <ul style="list-style-type: none"> <li>a. административный бюджет донорской организации и исполнительных агентств полностью связанных с предоставлением ОПР;</li> <li>b. ту часть административных расходов многоцелевых исполнительных агентств, представленных в их предоставлении помощи в виде доли от их общего объема выплат;</li> <li>c. административные расходы, связанные с программами помощи, понесенные зарубежными представителями и дипломатическими миссиями.</li> </ul>
<p><b>Раздел IV - Описание Программы/Проекта (применимо как к Проектной/Программной помощи, так и к Поддержке бюджету сектора (SBS)) по приоритетным направлениям сектора здравоохранения</b></p>	
<p>Функции системы здравоохранения</p>	<ol style="list-style-type: none"> <li>1. <b>Предоставление медицинских услуг</b> включает укрепление здоровья, профилактику, лечение или реабилитацию, которые могут быть предоставлены дома, в общинах, на рабочем месте или в медицинских учреждениях.</li> <li>2. <b>Создание ресурсов</b> включает в себя поддержку университетов и других учебных заведений, научно-исследовательских центров, строительных фирм, а также широкий спектр организаций, производящих специфические технологии, такие как фармацевтические продукты, приборы и оборудование.</li> <li>3. <b>Финансирование здравоохранения</b> это процесс, посредством которого доходы собираются из первичных и вторичных источников, накапливаются в объединенных средствах и выделяются поставщикам услуг. Финансирование системы здравоохранения можно разделить на три подфункции: сбор средств, объединение средств и закупки</li> <li>4. <b>Лидерство и управление</b> включает в себя планирование, реализацию и мониторинг правил для системы здравоохранения и определение стратегических направлений</li> </ol>

	<p>для системы здравоохранения в целом. Лидерство / управление можно разделить на шесть подфункций: проектирование системы здравоохранения, установление приоритетов, регулирование, межотраслевая пропаганда, оценка эффективности деятельности и защита пользователей / потребителей. Для целей данного исследования включает в себя управление и государственным сектором и гражданским обществом</p>
<p>Направления Предоставления медицинских услуг</p>	<p>Первичная медицинская помощь: это ключевой процесс в системе здравоохранения, больше, чем просто уровень здравоохранения или курирование. Это первая, доступная, продолжительная, всесторонняя и координированная помощь. Первичная помощь доступна в момент необходимости. В этом исследовании термин используется как синоним "общей практики" и "семейной медицины".</p> <p>Больницы: помощь специалистов, предоставляемая стационарно, как правило, после направления от первичной медицинской помощи. В этом обзоре термин используется в качестве синонима вторичной медицинской помощи.</p> <p>Общественное здравоохранение: Общественное здравоохранение относится ко всем организованным мерам (будь то государственные или частные) в целях предупреждения заболеваний, укрепления здоровья и продления жизни среди населения в целом. Его деятельность направлена на создание условий, в которых люди могут быть здоровыми, и усилия направлены на население целиком, а не на отдельных пациентов или заболевания.</p> <p>Неотложная помощь: Неотложная медицинская помощь является медицинской специальностью, посвященной диагностике и лечению непредвиденных болезней или травм. В этом обзоре термин используется в качестве синонима экстренной медицинской помощи.</p>
<p><b>Раздел V- Поток помощи приведены в соответствии с национальными приоритетами</b></p>	
	<p>Перечисленные Стратегии были резюмированы Министерством здравоохранения</p>

<b>Раздел VI - VI. Распределение поддержки партнеров по развитию по категориям МТBF (среднесрочных бюджетных рамок) и других финансовых инструментов</b>	
<b>Среднесрочные Бюджетные Рамки</b>	Классификация программ / подпрограмм в Молдове находится в ведении Министерства финансов и является уникальной для всех уровней гос.власти.Подпрограмма должна быть назначена только для одной функциональной подгруппы.
<b>Программа</b>	Представляет собой согласованный и вертикальный комплекс иерархически подчиненных уровней и осуществляется государственными органами в целях достижения определенной цели программы
<b>Под-программа</b>	Представляет собой часть иерархически подчиненной программы, строго связанной с ней. Она содержит комплекс мероприятий, выполняемых государственным органом для достижения целей и задач в рамках подпрограммы
<b>Домен</b>	Иерархически подчинен подпрограммам и включает в себя комплекс мероприятий, выполняемых государственным органом для достижения целей и задач в рамках подпрограммы
<b>Мероприятия</b>	Представляют собой услуги и / или товары, поставляемые и независимо распространяемые в любой подпрограмме. Другими словами, одно мероприятие может быть использовано в рамках различных программ / подпрограмм
<b>Страновая система управления государственными финансами</b>	
Использование национальных процедуры исполнения бюджета	Доноры используют национальные процедуры исполнения бюджета, когда средства, которые они предоставляют управляются в соответствии с национальными процедурами бюджетирования, установленными в общем законодательстве и осуществляемыми правительством. Это означает, что программы, поддерживаемые донорами подлежат обычным страновым бюджетным процедурам исполнения, а именно процедуры разрешения, утверждения и оплаты.Донорам предлагается пересмотреть всю свою деятельность в области развития с целью определения того, если и сколько ОПР для государственного сектора

	<p>отвечают трем из четырех критериев ниже (все, что меньше не отвечает требованиям):</p> <ol style="list-style-type: none"> <li>1. Включены ли ваши средства в годовой бюджет, утвержденный законодательством страны? (Да/Нет)</li> <li>2. Подчиняются ли ваши средства установленным в стране процедурам по исполнению бюджета? (Да/Нет)</li> <li>3. обрабатываются ли ваши средства (например, хранение и распределение) через установленную систему казначейства страны? (Да/Нет)</li> <li>4. Требуется ли вам открытие отдельных банковских счетов для ваших средств? (Да/Нет)</li> </ol>
<p>Использование национальных процедур финансовой отчетности</p>	<p>Законодательные рамки обычно предусматривают конкретные виды финансовых отчетов, а также периодичность такой отчетности. Использование национальной финансовой отчетности означает, что доноры не накладывают дополнительные требования к правительствам для составления финансовой отчетности. В частности, доноры не требуют: (i) содержание отдельной системы учета для удовлетворения требований к отчетности доноров, и (ii) создание отдельного плана счетов для записи использования донорских средств. Донорам предлагается пересмотреть всю свою деятельность в области развития с целью определения того, если и сколько ОПР для государственного сектора отвечают обоим нижеуказанным критериям (все, что меньше не отвечает требованиям):</p> <ol style="list-style-type: none"> <li>1. Вы не требуете поддержки отдельной системы учета для удовлетворения свои собственных требований к отчетности?</li> <li>2. Вы требуете ТОЛЬКО финансовые отчеты, составленные с использованием установленных в стране механизмов финансовой отчетности? (Да/Нет)</li> </ol>
<p>Использование национальных процедур аудита</p>	<p>Доноры полагаются на аудиторские заключения, выданные Высшим Контрольным Органом страны, на обычные правительственные финансовые отчеты / ведомости, как определено выше. Использование национальных аудиторских процедур означает, что доноры не выдвигают дополнительные требования к правительствам для аудита. Донорам предлагается пересмотреть всю свою деятельность в области развития с целью определения того, если и сколько ОПР для</p>

	<p>государственного сектора отвечают обоим критериям ниже:</p> <ol style="list-style-type: none"> <li>1. Подлежат ли ваши средства аудиту, осуществляемому под ответственность Высшего Контрольного Органа (SAI)? (Да/Нет)</li> <li>2. При обучных обстоятельствах Вы не запрашиваете дополнительных механизмов аудита? (Да / Нет) И по крайней мере один из двух критериев ниже: <ul style="list-style-type: none"> <li>• Вы не требуете стандарты аудита, отличные от тех, которые приняты высшим контрольным органом? (Да/Нет)</li> <li>• Вам не требуется от ВКО изменить свой цикл аудита для аудита ваших средств? (Да/Нет)</li> </ul> </li> </ol>
Все три национальные процедуры	Предоставление средств ОПР для государственного сектора, используя все три компонента национальных государственных процедур финансового управления, т.е.: (I) национальные процедуры исполнения бюджета; (II) национальные процедуры подготовки финансовой отчетности и (III) национальные процедуры аудита
<b>Системы закупок</b>	
Использование национальных систем закупок	Доноры используют национальные системы закупок, когда средства, которые они предоставляют для реализации проектов и программ управляются в соответствии с национальными процедурами закупок, поскольку они были установлены в общем законодательстве и осуществляются правительством. Использование национальных процедур закупок означает, что доноры в разработке мероприятий, которые они финансируют, не ставят дополнительные или особые требования для правительств по закупке товаров, работ и услуг.
<b>Раздел VII – Географический охват</b>	
Национальный охват	Деятельность, финансируемая партнером по развитию, охватывает всю страну, то есть во всех районах; объектах или учреждениях, которые имеют национальный охват
Целевой региональный охват	Деятельность, финансируемая партнером по развитию, охватывает некоторые, конкретные районы, которые были выбраны на основе оценки потребностей или других критериев
Пилотные участки	Деятельность, финансируемая партнером по развитию, является «экспериментальной», следовательно, проводится в экспериментальном

	порядке в некоторых районах (т.е. меньший уровень) до масштабирования на региональный / национальный уровень
<b>Раздел VIII - Помощь более предсказуема (помощь через поддержку бюджета сектора и/или программу/проект)</b>	
Многолетний план	В этом исследовании термин используется как синоним многолетней стратегии или концепции операции, которая анализирует текущую ситуацию в стране и определяет стратегическую(-ие) цель(-и) для донора и способов их лучшей реализации.
<b>Раздел IX - <u>Использование общих механизмов или процедур</u></b>	
<b>Совместные миссии</b>	
Донорские миссии в поле	<p>Донорские миссии на места определяются как миссии, которые отвечают всем следующим критериям:</p> <ul style="list-style-type: none"> <li>• Миссия осуществляется донором, или от его имени, и включает разработчиков программ, оценщиков и экспертов, группы по оценке сектора по заказу донора.</li> <li>• Миссия, как правило, но не всегда, включает в себя международный перелет из штаб-квартиры донора.</li> <li>• Миссия запросила встречу с правительственными чиновниками, включая местные органы власти.</li> </ul> <p>Это определение исключает миссии:</p> <ul style="list-style-type: none"> <li>• Предпринятые донорами для участия в мероприятиях (семинары, конференции и т.д.), которые не включают запросы о встрече с правительственными чиновниками.</li> <li>• Предпринимаемые парламентскими или другими политическими делегациями.</li> <li>• миссии для специальных мероприятий, проводимые в рамках определенной программы, например наблюдение за выборами.</li> <li>• Внешних консультантов, которые выполняют работы в рамках запланированных планов выполнения программы.</li> <li>• Группы по оценке стихийных бедствий.</li> </ul>
Совместные миссии	Скоординированные миссии это: (i) миссии, проведенные одним или несколькими донорами совместно, или (ii) миссии, осуществленные одним донором от имени другого донора (делегированное сотрудничество)

<p><b>Совместная аналитическая работа в секторе здравоохранения</b></p>	
<p>Аналитическая работа</p>	<p>Аналитическая работа включает в себя анализ и рекомендации, необходимые для укрепления политического диалога, разработки и реализации стратегий страны в поддержку прочной помощи в целях развития. Она должна включать в себя основные части аналитической работы, такие как:</p> <ul style="list-style-type: none"> <li>• Диагностические обзоры (например, Страновой отчет по оценке закупок, Страновая оценка финансовой надежности и т.д.)</li> <li>• Страновые или секторальные исследования и стратегии</li> <li>• Страновые или секторальные оценки</li> </ul> <p>Сквозные аналитические работы, такие как гендерная оценка</p>
<p>Совместная аналитическая работа</p>	<p>Совместная Аналитическая работа называется работа, которая: (I) проводится одним или несколькими донорами совместно; (II) проводится одним донором от имени другого донора (включая работу, проводимую одной и / или используемую другой, когда она финансируется совместно и официально признана в официальной документации); (III) проводится с существенным привлечением со стороны правительства.</p>

## I. General information about Development Partner Agency

### GI\_1. Development partner agency:

*Food and Agriculture Organization of the United Nations (FAO)*

### GI\_2. Country director:

*Mr. Dorjee Kinlay*

### GI\_3. Development partner official submitting this completed questionnaire:

This should usually be the same as GI\_2, but another person could fill in as well.

*Mr. Dorjee Kinlay*

### GI\_4. Key goals and achievements:

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Executive Summary* Despite important progress in the fight against poverty and hunger, significant challenges remain. The number of globally undernourished has declined by 167 million over the last decade, and is 216 million less than in 1990/92. However, in recent years, progress has been hindered by slower and less inclusive economic growth as well as political instability in some developing regions (SOFA 2015). In Central Asia, despite positive trends in food security, child malnutrition continues to be a problem in the region – in both rich and poor countries. In this context, national governments have increasingly resorted to social protection measures and complementary interventions to relieve the immediate deprivation of people living in poverty and hunger and support longer-term development. Innovative programmatic approaches are thus being sought, including through intersectoral collaboration, to help vulnerable populations to sustainably move out of poverty and hunger. In Kyrgyzstan, the Government is developing a model of the social contract named the “Productive Social Contract/Cash Plus”. It supports the beneficiaries of the programme “Monthly Benefit for Low-Income Households Families with Children” (MBLIF) to provide regular transfers, while linking it with nutrition-sensitive (small-scale) productive interventions, training, nutrition education, input transfers and identification of potential markets. Yet, the potential of these approaches to tackle food security and nutrition can be better understood and enhanced. Given their innovative nature and multidimensional feature, important gaps remain in terms of how to best implement them for optimal results. In this context, these governments have requested FAO to support them in operationalizing programmatic linkages for improved food security and nutrition outcomes and in building the evidence regarding these linkages. Indeed, despite the fact that social protection programmes are proved to be a critical factor to tackle hunger, there are important knowledge gaps regarding the operational options of linking them with broader agriculture and FSN interventions and the results these linkages can achieve. As social protection has rapidly expanded in the past two decades, being currently implemented by over 145 countries worldwide, these linkages are yet to be further understood and debated. Therefore, generating, systematizing and disseminating concrete country knowledge on this approach to nutrition-sensitive social protection (NSSP) is also an important contribution to national governments and other stakeholders across regions. *Objectives* The objective of FAO Regional project is to support policy-makers and relevant stakeholders in strengthening nutrition-sensitive social protection programmes for enhanced nutrition and food security outcomes in Africa, Latin America, Asia and Central Asia. As the project reinforces programming to tackle food insecurity and malnutrition of rural populations, it contributes to FAO’s Strategic Objectives 1 and 3. In fact, it is part of the joint programme on “strengthening food systems for nutrition sensitive social protection”, agreed between both strategic programmes. The objectives of the project will be achieved by: 1. Supporting the target countries to derive lessons and evidence from the implementation of their nutrition-sensitive social protection interventions. 2. Developing interregional knowledge products and exchanges – webinars and compendium of lessons learned – on integrating social protection and FSN in Africa, Latin America, Asia and Caucasus/Central Asia. *Expected results and impacts* Impacts: The proposed project will contribute to the reduction of food insecurity and malnutrition of the poor and vulnerable populations in Africa, Latin America, Asia and Central Asia. *Outcome/results*: The work under this project will improve government capacities to design and implement nutrition-sensitive social protection programmes to reduce food insecurity and malnutrition across the considered regions.

### GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	---
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

NP\_1. How much ODA overall did you disburse for health in calendar year 2017?

---

NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?

Please, check what applies:

- X 1 Yes  
2 No

NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to

Please, check all that apply

- X 1. General Strategies
- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017
  - X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018
- X 2. Sub-sectorial Strategies
- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)
  - 2.2. Health Sector Investment Strategy for 2016-2025
  - 2.3. «Tuberculosis-V» National program
  - 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021
  - 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020
  - 2.6. "Immunoprophylaxis" program for 2013-2017
  - 2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018
  - 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic
  - 2.9. Kyrgyz Republic e-Health Program for 2016-2020
  - 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020
  - 2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020
  - 2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to

NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)

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NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	100

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	100
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 X 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

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#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
 X 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---  
 X 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 X 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
 X 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in



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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
 1 Yes, until year: 2020  
 2 No  
 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

30000 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

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**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X  
 1 Yes  
 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Enhancing regional capacities to design and implement nutrition-sensitive social protection programme to reduce food insecurity and malnutrition</i>		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---

7. Additional medical health insurance Program	---	---	---
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## IX. Use of common arrangements or procedures among development partners

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*FAO has been promoting and supporting sustainable food-based programs and strategies to improve nutrition as well as to address the micronutrient deficiency problems. At the country level, FAO has contributed to increasing the supply, access, and consumption of adequate and various diet in order to contribute to supporting the public health. Relevant materials on nutrition education are available on the FAO Website.*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----**5**-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*Though FAO has contributed to public health issues, such as micronutrient deficiency problems, antimicrobial resistance (AMR) aligned with One Health approach (GAP), our main goals and outcomes of relevant projects have been indirectly linked to health.*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*No specific constraints were identified.*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

*The policy dialogue in the area of nutrition, antimicrobial resistance (AMR) and relevant projects is expected, but other areas should be further examined.*

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*The coordination led by the Ministry of Health of the Kyrgyz Republic and its close collaboration with health sector organizations at the international level is strongly recommended.*

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

*Thank you for giving an opportunity to examine the contribution of FAO to health sector. However, some blanks have been found difficult to answer as an organization, which is not directly linked to health sector.*

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Enhancing regional capacities to design and implement nutrition-sensitive social protection programme to reduce food insecurity and malnutrition*

**PDe\_2. Project / Program manager:**

*Sazaki, Junko*

**PDe\_3. Job title:**

*Director*

**PDe\_4. Email:**

*Junko.Sazaki@fao.org*

**PDe\_5. Phone:**

*+39 0657054030*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Food and Agriculture Organization of the United Nations (FAO)*

**PDe\_8. Starting date:**

*02/04/2018*

**PDe\_9. Completion date:**

*01/03/2020*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- X 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

1. Supporting the target countries to derive lessons and evidence from the implementation of their nutrition-sensitive social protection interventions. 2. Developing interregional knowledge products and exchanges – webinars and compendium of lessons learned – on integrating social protection and FSN in Africa, Latin America, Asia and Caucasus/Central Asia.

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Number of improved nutrition sensitive social protection interventions under implementation	4	0	Political commitment and support to the project's goal and its implementation continues to exist
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

500000 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

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#### PD\_5. Amount of budget disbursed during calendar year 2017:

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#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	50
2.	Capacity building	50
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors			100	
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition				100	
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Food and Agriculture Organization**

Enhancing regional capacities to design and implement nutrition-sensitive social protection programme to reduce food insecurity and malnutrition

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*German Development Agency - Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH*

**GI\_2. Country director:**

*Thomas Labahn, GIZ Country Director*

**GI\_3. Development partner official submitting this completed questionnaire:**

*This should usually be the same as GI\_2, but another person could fill in as well.*

*Jean-Olivier Schmidt, Head of GIZ Programme*

**GI\_4. Key goals and achievements:**

*Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.*

The GIZ programme "Promotion of Perinatal Health in Kyrgyzstan" contributes to the creation of an efficient care and reference system for mother-and-child health in line with international standards. The programme's target group is the patients of the current maternity clinic of the National mother-and-child centre (National MCH Centre) in Bishkek (women with high-risk pregnancies and ill newborns) and patients of the future Perinatal Centre that is being built and equipped with support from German Financial Cooperation (KfW). GIZ Capacity Development support is covering three areas: •Improving Human Resources (HR) Planning and Recruitment in the area of MCH/Perinatal Health Care at MoH and National MCH Centre (NMCHC) •Improving Quality of Health Care, Management and Support Services at the Maternal Hospital of the NMCHC •Improving the functioning of the national Perinatal Care Referral System. Specifically, the programme makes a systemic contribution to improving the personnel planning and development of occupational groups that are required for the care of women with high-risk pregnancies and ill newborns (field of activity 1), to adjusting services, in particular at the third level of care, to international and national quality standards (field of activity 2) and to increasing the efficiency and transparency of the health care systems overall (field of activity 3). The conditions for high-quality, cost-effective and sustainably provided health care services are met using this multi-level approach. In addition to this program, under the MoH request, GIZ has recruited Integrated (CIM) expert in HR management and planning. This expert is supporting in setting up competence-based and transparent HR planning, recruitment and development in order to ensure that HR capacities are available for the future Perinatal Centre. Key results and milestones: (1) HR component: On the basis of the catchment analysis and several studies, a strategic development plan for maternity hospital of the MCH Centre and future Perinatal Centre was developed under facilitation of international consultants to improve the organizational and clinical services and to support the capacity building of medical specialists (master classes, clinical trainings and mentoring, study trips). Currently, a mechanism for coordinating and implementing a strategic development plan (the creation of a working and steering committees, a coordinator and technical groups) is being developed in cooperation with the MoH and MCH Centre. In order to confront the expected resistance regarding increased transparency in personnel affairs, GIZ and KfW will contribute their experience from comparable change processes to the policy and sector dialogue and to the advisory board for the Perinatal Centre, which is to be established during the programme. The technical expert group on HRM supported by GIZ has implemented functional mapping for the clinical departments of the future Perinatal Centre. On this basis, staff profiles for 40 clinical and non-clinical positions were developed and cleared by international experts. (2) Quality management: With GIZ support, the MCH Centre is currently managing the audit of maternal mortality cases and is conducting analyses at national level. The WHO instruments on Confidential Enquiries into Maternal Death (CEMD) and Near-miss Case Reviews were introduced and institutionalized at the MCH Centre through advisory and technical expertise. Based on a self-assessment carried out by the MCH Centre, two WHO standards on quality improvement ('functional information systems' and 'ensuring the dignity of the patient') were selected and integrated into the capacity development plan. Both standards are being used by MCH Centre by the end of the current programme phase. A study on patient's satisfaction was designed and conducted at the MCH Centre, the results will be used to improve the quality of the provided services. The project optimised care workflows by providing training for medical, nursing, management and support staff and advising on organisational development. These activities are based on the models and principles of multidisciplinary perinatal teamwork. Trainings covered client orientation, patient safety and occupational safety as well as measures to improve the quality of clinical services. Field of activity 3 GIZ supports an analysis of the needs-oriented design of the referral system, which includes determining resources, infrastructure requirements and costs. Part of this involves a qualitative analysis of attitudes and behaviour relevant to referral practices, institutional barriers, and negative and positive incentives for referring patients. This information base will enable decision-makers at the MoH and sector partners to apply the insights they have gained to the task of adapting and/or redesigning and integrating a referral system geared to the principles of equitable health care provision and sustainability. The criteria used in the three-stage referral system were modified during the reporting period. For the first time, women with high-risk pregnancies are now allowed to attend the nearest hospital offering the higher care level if problems occur. The effect of this is to significantly increase the chances of survival for premature babies. The proportion of cases at the National MCH Centre in Bishkek that are actually medically indicated has risen substantially, enabling staff to focus better on problem cases. This work needs to be continued and expanded. A positive dialogue has been established with the Mandatory Health Insurance Fund (MHIF) and other partners regarding the necessary adaptation of remuneration structures (insurance benefits are not yet available for the tertiary level) and hence the reduction of the burden on patients. In future, in consultation with German FC, the WHO and the sector-wide approach (SWAp) partners, an intensive advisory process for the MHIF will be required in this connection. Implementation of the process should be taken into consideration as part of the follow-on module by GIZ (systemically) and the consultant for the KfW accompanying measure (operational-administrative level in the hospital).

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	950000,00 EUR
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*950000,00 EUR*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X      1 Yes  
         2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X      1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X      1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X      2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
         2.2. Health Sector Investment Strategy for 2016-2025  
         2.3. «Tuberculosis-V» National program  
         2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
         2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
         2.6. "Immunoprophylaxis" program for 2013-2017  
         2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
         2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
X      2.9. Kyrgyz Republic e-Health Program for 2016-2020  
         2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
         2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
         2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

*Perinatal Health Care Programme, 2008-2017*

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

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**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	60
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	40
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	30
2.	Individual services	60
3.	High cost /high-tech health care	
4.	Public health	10
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- X 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
 1 Yes, until year: 2022  
 2 No  
 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

860000,00 EUR

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

1500000,00 EUR

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

2000000,00 ---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

1000000,00 ---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

2000000,00 ---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X  
 1 Yes  
 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Promotion of Perinatal Health in Kyrgyzstan</i>		
2.	Next plan name : <i>Promotion of Perinatal Health in Kyrgyzstan</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	10 EUR	---	---
2.	Individual services	50 EUR	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	30 EUR	---	---
5.	Medical education	---	---	---
6.	State guarantees	10 EUR	---	---
7.	Additional medical health	---	---	---

insurance Program			
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## IX. Use of common arrangements or procedures among development partners

### Joint missions

#### JM\_1. How many joint missions to the field were undertaken in calendar year 2017?

Nr.		
1.	Number of missions	2
2.	Name of missions	1. Participation in Sector- / SWAp Planning and M&E Events; 2. Advisory services by international and national consultants to the MoH and the working group Vision 2040 and Health Strategy 2030.

#### JM\_2. How many of these were coordinated:

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Participation in Sector- / SWAp Planning and M&E Events	KfW, WHO	Yes
2.	: Advisory services by international and national consultants to the MoH and the working group Vision 2040 and Health Strategy 2030.	KfW, WHO	No
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

#### AW\_1. Number of works:

1

#### AW\_2. How many of these were coordinated:

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Development of Vision 2040 and Health Strategy 2030.	WHO	No
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*GIZ health programme was a part of the MCH technical group within Den Sooluk implementation framework, with clear definition of its role and contribution to the development of the strategy and implementation of the programs. As a result of the group work the mapping of activities of MCH development partners, technical contribution and geographical coverage were defined that helped to optimize the contribution and mobilize the available resources to achieve the goals. GIZ health programme inputs in MCH technical group: •Joint coordination and determination of priority areas in the field of Maternal Health;•Conducting the situation analysis in the field of maternal and newborn health;•Strengthening capacity of professional associations (Hospital Association, Association of Obstetrician/Gynecologists and Neonatologists), heads and key staff of health organizations in defining the priority steps and decision making;•Technical expertise in development of regulatory framework, statistics, clinical standards and indicators in the field of Perinatal Health; •Development and introduction of modern approaches in improvement of quality of care (standards of medical accreditation, quality management);*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*It's good in Kyrgyzstan, for the traditional donors even excellent, for the non traditional donors its of course a different picture.Effectiveness and efficiency of the SWAp mechanism in health sector*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*Non traditional donors. Investment in infrastructure at tertiary level instead of primary level*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

*Twice a year there is a close dialogue between DPs and MoH that certainly influences policy. Policy is however not always translated into action*

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X      1 Yes  
         2 No  
         3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

*Yes, but working group steering could be stronger.*

**CC\_10. What problems have been encountered in this coordination mechanism?**

*MoH stewardship and leadership needs to extend across to new development partners. The high turnover of Ministers, and the lack of a strong governing board in MHIF, add to the importance of MoH and MHIF having stable, capable, stewardship and leadership functions so as to implement Government policy. New development partners are welcome but can inadvertently undermine the focus of Den Sooluk and SWAp efforts if not managed and coordinated by MoH well.*

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*Ministry needs to take a stronger lead on the working groups for coordinating on certain topics*

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Promotion of Perinatal Health in Kyrgyzstan*

**PDe\_2. Project / Program manager:**

*Jean-Olivier Schmidt*

**PDe\_3. Job title:**

*Head of Programme*

**PDe\_4. Email:**

*jean-olivier.schmidt@giz.de*

**PDe\_5. Phone:**

*+996 312 90 67 47*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health of Kyrgyz Republic*

**PDe\_8. Starting date:**

*1/09/2016*

**PDe\_9. Completion date:**

*30/09/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*Important institutional, personnel-related and organisational conditions for the needs-based medical care of women with high-risk pregnancies and ill premature and newborn babies are met in the programme region*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	<i>All positions provided for in the personnel recruitment concept are furnished with staff profiles.</i>	<i>100% of 60 positions provided for in the (preliminary) staffing plan</i>	<i>100% of 40 positions provided for in the (preliminary) staffing plan</i>	<i>The working group on human resources in perinatal health supported by the project has implemented functional mapping for the clinical departments of the future national perinatal centre. On this basis, staff profiles for 40 positions were developed and cleared by international experts.</i>
2.	<i>The national mother-and-child centre meets 80% of 2 selected national accreditation and quality standards from the areas of patient-centred services; patient and personnel safety, effectiveness and efficiency of management processes, compliance with demands.</i>	<i>80% of both standards together</i>	<i>25% of Standard 2(WHO), 25% of Standard 5(WHO)</i>	<i>The following standards for improving quality of care are used to measure the indicator: Standard 1: The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn. Standard 2: Women and newborns receive care with respect and preservation of their dignity. It is expected that both standards will be introduced and used by MCH by the end of the current module phase, but it is doubtful at present whether 80% of both standards can be jointly achieved by then.</i>
3.	<i>The number of parameters recorded from patients admitted to the national mother-and-child centre has increased from 11 to 17.</i>	<i>17 parameters</i>	<i>11 parameters</i>	<i>As a result, six new referral-related parameters were proposed for the centre's admission forms. The forms were introduced by order of the Ministry in the Chui oblast and the city of Bishkek (catchment area of the MCH centre). At the same time, the indicators for reporting to the health organisations were adjusted. The newly developed forms contain information on (1) when contact was first made; (2) the date and time of</i>

				<p><i>the referral; (3) the condition of the patient, for example blood pressure/temperature/pulse; (4) reason for the referral; (5) treatment prescribed. The reverse side contains more information on the reasons for the referral. The new forms were piloted in February 2017 together with the piloting of referral criteria for perinatal care in the Chui oblast and Bishkek. The new referral system and the criteria will be jointly evaluated at the end of April of 2018. The forms and criteria will be adjusted and introduced nationwide on this basis. Evaluation of the early newborn mortality rate shows a pronounced reduction in neonatal mortality in the Chui oblast (by 40%) since the introduction of the MoH Order. This reduction did not take place to the same extent in other oblasts, meaning that some of the progress can be attributed to the newly introduced reference system.</i></p>
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	50
2.	Untied	50

**PD\_4. Total program/project budget:**

2000000,00 EUR

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

950000,00 EUR

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	80
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	20
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	70
3.	Guidelines and protocols development	5
4.	Legal and regulatory framework development	5
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	65
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
3.	Health Financing	5
4.	Leadership and Governance	10

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	100
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals		10	10		
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health		100		
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	100

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  4. **Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  5. **Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  6. **Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  7. **Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

X	10.1. Tokmak town
X	10.2. Alamudun rayon
X	10.3. Jaiyl rayon
X	10.4. Kemin rayon
X	10.5. Moskva rayon
X	10.6. Panfilov rayon
X	10.7. Sokuluk rayon
X	10.8. Chui rayon
X	10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Gavi, The Vaccine Alliance*

**GI\_2. Country director:**

*Jamilya Sherova, Senior Country Manager*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Armands Cakss, Programme Officer*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*In the period from 2010 to 2016 the Immunoprophylaxis program ensured the preventive vaccinations coverage in the Kyrgyz Republic, as per the National Schedule (NS), maintained at the level of at least 95%, according to the objectives of the Immunoprophylaxis Program and WHO recommended indicators. In 2017 the programme has reached Pentavalent 3 coverage of 92% and Pneumococcal Conjugate Vaccine 3 coverage of 88%. Overall 2017 preventive vaccinations coverage of the primary vaccine complex has decreased by 4.1%, as compared with 2016. However the drop-out rate between Penta1 and Penta3 has increased from 1% to 2 % while still remaining within the target of 4%. Number of surviving infants who received the first and the third recommended doses of pentavalent vaccine were 143,887 and 140,432 infants accordingly. Number of surviving infants who received the first and the third recommended dose of PCV vaccine were 142,473 and 136,100 infants accordingly.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	3042754 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*3042754 USD*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X      1 Yes  
         2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X      1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
         1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X      2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
         2.2. Health Sector Investment Strategy for 2016-2025  
         2.3. «Tuberculosis-V» National program  
         2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
         2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
X      2.6. "Immunoprophylaxis" program for 2013-2017  
         2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
         2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
         2.9. Kyrgyz Republic e-Health Program for 2016-2020  
         2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
         2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
         2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

*1366901 USD*

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

*WHO, UNICEF, the World Bank*

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	100
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	



**calendar year 2017?**

X	1 Amount	0
	2 Do not know	

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
1 Yes, until year: 2022  
2 No  
3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

1906924 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

2871867 USD

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

2762000 USD

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

2842000 USD

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X  
1 Yes  
2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>New Vaccine Support</i>		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	1
2.	Name of missions	Joint Gavi Secretariat/WHO EURO Mission to Kyrgyzstan•To introduce the revised Grant Performance Framework•To conduct training on Grant Performance Framework •To launch the ICC support project•To review progress of Gavi grants

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Jamilya Sherova	WHO	No
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*Advocacy for immunization related agenda.*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----**8**-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

*Given that Gavi does not have a representation at the country level, its representatives are not closely involved in the discussions of the development partner group. However, from the meeting minutes it is evident that the group meets regularly and discusses relevant questions and issues.*

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Support for Pneumococcal Vaccine (PCV)*

**PDe\_2. Project / Program manager:**

*Jamilya Sherova*

**PDe\_3. Job title:**

*Senior Country Manager*

**PDe\_4. Email:**

*jsherova@gavi.org*

**PDe\_5. Phone:**

*+ 41 (0)22 909 29 58*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Republican Center for Immunoprophylaxis*

**PDe\_8. Starting date:**

*19/12/2014*

**PDe\_9. Completion date:**

*31/12/2021*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*to vaccinate all infants (by age 12 months) with 3 doses of pneumococcal vaccine, attaining coverage of 98% at the national level and at least 90% at district level.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	<i>Pneumococcal Conjugate Vaccine (PCV) 3 coverage at the national level</i>	75%	88%	<i>Gradual coverage rate growth expected following the introduction year.</i>
2.	<i>Drop-out rate between PCV1 and PCV3</i>	3%	6%	
3.	<i>Number of surviving infants who received the first recommended dose of PCV vaccine (PCV1)</i>	157607	142473	
4.	<i>Number of surviving infants who received the third recommended dose of PCV vaccine (PCV3)</i>	152654	136100	
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
           2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

---

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

*264160 USD*

#### PD\_5. Amount of budget disbursed during calendar year 2017:

*2311511 USD*

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	100
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care				100	
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100			
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable	100			
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**Global Alliance of Vaccines and Immunization**

Support for Pneumococcal Vaccine (PCV)

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*New Vaccine Support- Support for Pentavalent Vaccine*

**PDe\_2. Project / Program manager:**

*Jamilya Sherova*

**PDe\_3. Job title:**

*Senior Country Manager*

**PDe\_4. Email:**

*jsherova@gavi.org*

**PDe\_5. Phone:**

*+ 41 (0)22 909 29 58*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Republican Center for Immunoprophylaxis*

**PDe\_8. Starting date:**

*6/10/2008*

**PDe\_9. Completion date:**

*31/12/2021*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*To vaccinate all infants (by age 12 months) with 3 doses of pentavalent (DPT-HepB-Hib) vaccine, attaining a coverage of 95% at the national level and at least 90% at district level*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Pentavalent 3 coverage at the national level (Penta 3)	95%	92%	
2.	: Drop-out rate between Penta1 and Penta3	4%	2%	
3.	: Percentage of districts or equivalent administrative area with Penta3 coverage greater than 80%	100%	100%	
4.	: Number of surviving infants who received the first recommended dose of pentavalent vaccine (Penta1)	157607	143887	
5.	: Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3)	152654	140432	

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

---

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

133000 USD

#### PD\_5. Amount of budget disbursed during calendar year 2017:

500490 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	100
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	100
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care				100	
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100			
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable		100			
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Global Alliance of Vaccines and Immunization**

Support for Pentavalent Vaccine

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*New Vaccine Support- Support for Inactivated Polio Vaccine*

**PDe\_2. Project / Program manager:**

*Jamilya Sherova*

**PDe\_3. Job title:**

*Senior Country Manager*

**PDe\_4. Email:**

*jsherova@gavi.org*

**PDe\_5. Phone:**

*+ 41 (0)22 909 29 58*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Republican Center for Immunoprophylaxis*

**PDe\_8. Starting date:**

*19/3/2015*

**PDe\_9. Completion date:**

*31/12/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*To introduce Inactivated Polio Vaccine in the National Immunization Schedule.*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: <i>Inactivated polio vaccine coverage at the national level (IPV)</i>	N/A		<i>Introduction delayed till April 2018</i>
2.	: <i>Number of surviving infants who received the first recommended dose of IPV</i>	152654		<i>Introduction delayed till April 2018</i>
3.				
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

**PD\_4. Total program/project budget:**

0

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

0

**PD\_5. Amount of budget disbursed during calendar year 2017:**

230753 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	100
5.	Other (specify)	

#### IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

##### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

##### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	100
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

##### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care				100	
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

##### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100			
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable		100			
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Global Alliance of Vaccines and Immunization**

New Vaccine Support - Inactivated Polio Vaccine Support

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Japan International Cooperation Agency (JICA) Kyrgyz Republic Office*

**GI\_2. Country director:**

*Mr. Kikuchi Kazuhiko, Chief Representative*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Mr. Kikuchi Kazuhiko, Chief Representative*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*JICA's cooperation in health sector in 2017 was presented through Japan Overseas Cooperation Volunteers (JOCV) program. 4 volunteers (3 Physiotherapists and 1 Occupational therapist) have been working in providing better rehabilitation and assistance in skills development of local health care professionals as well as promoting awareness of rehabilitation related issues.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	0
2.	Sector Budget Support	0
3.	Pooled funds under SWAp	0
4.	Other pooled financing	0

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

0

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- 1 Yes
- 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

2.2. Health Sector Investment Strategy for 2016-2025

2.3. «Tuberculosis-V» National program

2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

0

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	0
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	0
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	0
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	0
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	0
6.	3.6. By 2030 halve global deaths from road traffic accidents	0
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	0
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	0
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	0
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	0
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	0
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	0
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	0
14.	Other SDG targets related to health	0

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	0
2.	Individual services	0
3.	High cost /high-tech health care	0
4.	Public health	0
5.	Medical education	0
6.	State guarantees	0
7.	Additional medical health insurance Program	0

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount 0  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount 0  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount 0  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

X	1 Amount	0
	2 Do not know	

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
1 Yes, until year: *Uncertain*  
2 No  
3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes  
2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>JCAP</i>		
2.	Next plan name : <i>JCAP</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	0
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

0

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

X

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*From 2012 to 2017 health sector was not included into JICA KR Office's cooperation strategy (JCAP). Thereby JICA KR Office was not involved in activities of development partner community.*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

X

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- 3 Do not know

X

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Japan Overseas Cooperation Volunteers*

**PDe\_2. Project / Program manager:**

*Mr. Kojima Moriyuki*

**PDe\_3. Job title:**

*Coordinator of JOCV program*

**PDe\_4. Email:**

*Kojima.Moriyuki.2@jica.go.jp*

**PDe\_5. Phone:**

*+996312900270*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*JICA Kyrgyz Republic Office*

**PDe\_8. Starting date:**

*15/07/1998*

**PDe\_9. Completion date:**

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant
- 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

**PD\_4. Total program/project budget:**

---

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

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**PD\_5. Amount of budget disbursed during calendar year 2017:**

---

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*The Embassy of Japan in the Kyrgyz Republic*

**GI\_2. Country director:**

*Mr. Yoshihiro YAMAMURA, the Ambassador Extraordinary and Plenipotentiary of Japan to the Kyrgyz Republic*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Ms. Yuri NAKAGAWA, the Second Secretary of the Embassy of Japan in the Kyrgyz Republic*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	340811 USD
2.	Sector Budget Support	0
3.	Pooled funds under SWAp	0
4.	Other pooled financing	0

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

340811 ---

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- 1 Yes
- 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017
- 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)
- 2.2. Health Sector Investment Strategy for 2016-2025
- 2.3. «Tuberculosis-V» National program
- 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021
- 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020
- 2.6. "Immunoprophylaxis" program for 2013-2017
- 2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018
- 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic
- 2.9. Kyrgyz Republic e-Health Program for 2016-2020
- 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020
- 2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020
- 2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

---

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes
- 2 No
- 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---
- 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- 1 Yes, until year
- 2 No
- 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes
- 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Medical Equipment for scientific and family medical centres in Bishkek, Cholpon-Ata, Jalal-Abad Oblast and Balykchy*

**PDe\_2. Project / Program manager:**

**PDe\_3. Job title:**

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

1. Directly through the development partner's office
2. Public sector (MoH KR / other public authorities)
3. Agency (international or local organization/s)
4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

**PDe\_8. Starting date:**

**PDe\_9. Completion date:**

**PDe\_10. Implementation status as of 31.12.2017**

- |   |                             |
|---|-----------------------------|
|   | 1 Completed                 |
| X | 2 In process                |
|   | 3 Approved, but not started |
|   | 4 Suspended                 |
|   | 5 Other (specify)           |

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant
- 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

**PD\_4. Total program/project budget:**

---

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

340811 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Embassy of Japan in KR**

Medical equipment for scientific and family medical centres in Bishkek, Cholpon-Ata, Jalal-Abad Oblast and Balykchy

---

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

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М 77

Рецензент: Абилов Болот Арипович, доцент медицинских наук, профессор.

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## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*German Development Bank - KfW*

**GI\_2. Country director:**

*Mr. Thomas, Edgar Lehmann (January - September 2017), Dr. Ylva Renner-Haeberle (since 1 Oct 2017)*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Mr. Tom Woyack, Dr. Joachim Schuurmann, Mr. Thomas Edgar Lehmann, Dr Ylva Renner-Heaberle, Dr. Indira Moldogazieva*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*German Development Cooperation in the health sector is aimed at improving health of the population through strengthening health care delivery systems and improving accessibility to health services. In 2017, there were conducted the intergovernmental negotiations between the Governments of the Kyrgyz Republic and Federal Republic of Germany; among the results of negotiations were additional allocations assigned to the health sector in the Kyrgyz Republic, specifically, to the SWAp basket (in the amount of 10 mln EUR). The other result of negotiations was that 4 mln EUR were allocated to Technical Cooperation, which includes technical assistance/capacity development for perinatal care to complement Financial cooperation (construction, equipment, maintenance), etc.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	5118407,41 EUR
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	3027099,36 EUR
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*8145506,77 EUR*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
X 2.2. Health Sector Investment Strategy for 2016-2025  
X 2.3. «Tuberculosis-V» National program  
X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
X 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
2.6. "Immunoprophylaxis" program for 2013-2017  
2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
X 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
2.9. Kyrgyz Republic e-Health Program for 2016-2020  
2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

*0*

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

*Not Applicable*

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

<b>Nr.</b>	<b>Category</b>	<b>%</b>
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	4,08
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	4,08
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	9,82
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	35,74
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	46,84
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	



**calendar year 2017?**

- |   |               |     |
|---|---------------|-----|
|   | 1 Amount      | --- |
| X | 2 Do not know |     |

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
 1 Yes, until year: 2020  
 2 No  
 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

13622144,40 EUR

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

10000000 EUR

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes  
 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Intergovernmental negotiations between Kyrgyz Republic and Federal Republic of Germany (2017-2018)</i>		
2.	Next plan name : <i>Intergovernmental negotiations between Kyrgyz Republic and Federal Republic of Germany (2019-2020)</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---

7.	Additional medical health insurance Program	---	---	---
----	---	-----	-----	-----

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	3
2.	Name of missions	1. SWAp JAR - April 2017; 2. Meeting of JFs and WHO - September 2017; 3. SWAp JAR - December 2017;

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Joint Annual Review in April 2017	Joint Financiers and Development Partners	Yes
2.	: Meeting of JFs and WHO in September 2017	Meeting of Joint Financiers and WHO	Yes
3.	: Joint Annual Review in December 2017	Joint Financiers and Development Partners	Yes
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*KfW Development Bank is one of the key partners of the Ministry of Health in support to the health sector development in the Kyrgyz Republic and is actively engaged in donor coordination through SWAp programme (Health sector programme).*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*The support provided by KfW Development Bank to the health sector is aligned with the national strategic documents on health sector, such as the National Health Programme "Den Sooluk 2012-2018".*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*The decreasing capacity of the Ministry of Health to implement the health sector reforms and activities.*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

*Frequent reshuffling/turnover of the managing and mid-level staff in the Ministry of Health, decreasing capacity and staff motivation, low ownership from the side of MOH contribute to decrease of required speed, volume and quality of activities implementation, as well as to provide a comprehensive overview of all sector activities performed by all donor and technical agencies represented and operating in the country, including non-traditional donors contribution to health sector.*

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*MOH should perform coordinating role more assertively.*

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

*All information provided is already available to the Ministry of Health, Ministry of Finance, Ministry of Economy, Government of the KR, therefore, it is hoped that this questionnaire data shall be used for analysis and as management tool.*

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*HIV/AIDS II Prevention Programme - II*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*The Ministry of Health along with Consulting Company (EPOS Health Management GmbH)*

**PDe\_8. Starting date:**

*01/04/2011*

**PDe\_9. Completion date:**

*31/12/2016*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The purpose of the project is to improve the quality and safety of the blood products as well as to increase efficiency of the blood donation and transfusion system in the Kyrgyz Republic. The project concerns the rehabilitation of blood donation facilities, procurement of medical and non-medical equipment, mobile donation units and consumables, as well as the technical assistance to the Ministry of Health in further development and implementation of the planned rationalization approaches of the blood donation system and the quality control management of the procedures of blood transfusion system.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Selected blood banks rehabilitated	7 blood banks rehabilitated	7 blood banks rehabilitated	
2.	: Equipment of blood banks are modernized and functional	Equipment procured, installed and in use	Equipment procured; the majority of equipment items installed and operational	Additional items of equipment need to be procured/installed/used - subject to addendum signing by MOH KR (funds re-deployment)
3.	: Rationalization measures were realized			
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

5600000 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

4000000 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

578829,42 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	10
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	90
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	45
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>Consulting Services and contingencies</i>	55

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	14
2.	Medical equipment and technology	53
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	22
5.	Other (specify)	11

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services	14	53		22	11
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Tuberculosis Control Programme - V*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*The Ministry of Health along with Consulting Company (GITEC Consult GmbH)*

**PDe\_8. Starting date:**

*29/09/2015*

**PDe\_9. Completion date:**

*30/09/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The goal of the project is to interrupt chain of TB infection, thus, to reduce tuberculosis incidence and prevalence including multi-drug resistant forms of TB in the Kyrgyz Republic. The project foresees the construction of a new TB Hospital for the City of Bishkek and represents the fifth phase of the TB Control and Prevention Programme funded by the Government of Federal Republic of Germany.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Contribution to improvement of health status of population in general			
2.	: Construction works completed and TB hospital is up to standards for implementation of DOTS treatment scheme			
3.	: Medical equipment installed and ready for operational use			
4.	: The system for technical maintenance of building and equipment established			
5.	: Medical and administrative personnel upgraded their skills and knowledge			

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

7650000 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

6500000 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

174732,50 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	69,23
2.	Medical equipment and technology	12,30
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>Consulting company's services and contingencies</i>	18,47

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services	69,23	12,30			18,47
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB			100	
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**German Development Bank**

Tuberculosis Control Programme - V

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	100

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  - 4. Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  - 5. Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  - 6. Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  - 7. Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Strengthening Emergency Medical Services in the Kyrgyz Republic - II*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*The Ministry of Health along with Consulting Company (GITEC Consult GmbH)*

**PDe\_8. Starting date:**

*04/07/2014*

**PDe\_9. Completion date:**

*01/07/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The goal of the project is to improve the quality of and access to emergency medical services as well as to contribute to primary emergency care for citizens of the Kyrgyz Republic. Within the project the following activities were planned to be implemented: (i) equipping all the emergency health institutions of all levels in Bishkek city and Osh region; (ii) capacity development/technical assistance (rationalization and ambulance concepts; training sessions for medical personnel; conducting regional conference on emergency medical care, consulting services, etc.).*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

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

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

9300813,46 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

9300813,46 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

1806562,49 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	16
2.	Investment (Construction and refurbishment; Medical	84

	equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	60
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>Consulting Services and contingencies</i>	40

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	90,56
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>Consulting company's services and contingencies</i>	9,44

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	100

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care		90,56			9,44

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify): <i>All above</i>				100

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				100

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				100

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	100
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

- 7.4. Naryn rayon
- 7.5. Jungal rayon
- 7.6. Kochkor rayon

**8. Osh oblast**

- X 8.1. Alai rayon
- X 8.2. Aravan rayon
- X 8.3. Karakulja rayon
- X 8.4. Karasuu rayon
- X 8.5. Nookat rayon
- X 8.6. Uzgen rayon
- X 8.7. Chon-Alai rayon

**9. Talas oblast**

- 9.1. Talas town
- 9.2. Bakaiata rayon
- 9.3. Karabuura rayon
- 9.4. Manas rayon
- 9.5. Talas rayon

**10. Chui oblast**

- 10.1. Tokmak town
- 10.2. Alamudun rayon
- 10.3. Jaiyl rayon
- 10.4. Kemin rayon
- 10.5. Moskva rayon
- 10.6. Panfilov rayon
- 10.7. Sokuluk rayon
- 10.8. Chui rayon
- 10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Strengthening Emergency Medical Services in the Kyrgyz Republic - II*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*The Ministry of Health along with Consulting Company (GITEC Consult GmbH)*

**PDe\_8. Starting date:**

*04/07/2014*

**PDe\_9. Completion date:**

*01/07/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The goal of the project is to improve the quality of emergency medical services provided to the population including in rural areas; therefore, to improve the health status of people of the Kyrgyz Republic. The project activities include the construction of the new block of medical emergency care in Jalalabad Regional Hospital, procurement of medical and non-medical equipment, capacity development activities including training sessions for medical personnel/study tours/participation in the regional conference as well as development of Rationalization and Ambulance Concepts.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	<i>Construction of new block for treatment of medical emergency cases contributes to improvement of quality of emergency medical services in Jalalabad region</i>			
2.	<i>Training sessions for medical personnel conducted</i>			
3.	<i>The organization of medical emergency care within the country improved</i>			
4.	<i>Technical maintenance of Jalalabad Regional Hospital strengthened</i>			
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

3150000 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

3000000 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

1104631,19 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	23
2.	Investment (Construction and refurbishment; Medical	77

	equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	14,28
2.	Capacity building	71,44
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>Consulting Services and contingencies</i>	14,28

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	41,30
2.	Medical equipment and technology	41,30
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>Consulting company's services and contingencies</i>	17,4

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	100

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care	41,3	41,3			17,4

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify): <i>All above</i>				100

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				100

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**German Development Bank**

Strengthening Emergency Medical Services in the Kyrgyz Republic - II

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5.	MH				
6.	Others				100

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	100
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon

X

5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Priority Programme Component/Mother-child care, phase IV, V*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health along with Consultant (RRP International Hospital Planners/Avanco)*

**PDe\_8. Starting date:**

*01/11/2013*

**PDe\_9. Completion date:**

*31/12/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

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

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: New block of intensive perinatal care is built			
2.	: Perinatal Center is equipped with modern medical and non-medical equipment			
3.	: Accompanying Measures conducted			
4.	: Consulting services provided			
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

11450000 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

10500000 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

665361,57 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	12
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	88
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	62
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>Consulting Services and contingencies</i>	38

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	49
2.	Medical equipment and technology	38
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>Consulting company's services and contingencies</i>	13

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	100
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals	49	38			13
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health		100		
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other			100		

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**German Development Bank**

Priority Programme Health Component/Mother-child care, phase IV, V

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5.	MH			
6.	Others		100	

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Health Sector Programme (SWAp) - III & IV*

**PDe\_2. Project / Program manager:**

*Dr. Joachim Schuurmann, Mr. Tom Woyack*

**PDe\_3. Job title:**

*Senior Medical Advisor; Project Manager*

**PDe\_4. Email:**

*Joachim.Schuurmann@kfw.de; Tom.Woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9622/9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health*

**PDe\_8. Starting date:**

*23/12/2013*

**PDe\_9. Completion date:**

*30/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

The project concerns the implementation of the multi-donor supported sector-wide approach under the national Health Reform Programme "Den Sooluk 2012-2018". In essence, it is contribution to a basket funding of several financiers in the health sector, who jointly with and under the lead of MOH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures. "Den Sooluk 2012-2018" follows the "Manas Taalimi 2006-2011" programme and has as main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. It focuses on four selected priority health improvement areas, such as Cardiovascular diseases, Mother and Child Health, TB and HIV/AIDS prevention. Expected health gains, however, shall be achieved through the elimination of system barriers in the major health system functions: Public Health, Individual Health Services, Health Financing, Recourses Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protection, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Government health expenditures as a share of total government expenditures	13	13.1	actual value for the year 2017
2.	: Maternal Mortality Ratio decreases to 46.6 per 100,000 live births	46.6	38.3	actual value for the year 2017
3.	: Infant Mortality Rate decreased to 19 per 1,000 live births	18	17.9	actual value for the year 2017
4.	: TB Mortality decreased to 8 per 100,000 population	<8	<7	actual value for the year 2017
5.	: Prevalence of HIV infection among children born from HIV-positive mothers	3	<3	actual value for the year 2017

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

16000000 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

16000000 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

3490982,32 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	11
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	89
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	100
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>In fact, investment follows MOH procurement plan which also includes construction, IT, equipment, studies, consultancies and operational expenses</i>	100

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.		Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV					
2.	TB					
3.	Hepatitis					
4.	Vaccine-preventable					
5.	Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

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

**PDe\_2. Project / Program manager:**

*Dr. Joachim Schuurmann; Mr. Tom Woyack*

**PDe\_3. Job title:**

*Senior Medical Advisor; Project Manager*

**PDe\_4. Email:**

*joachim.schuurmann@kfw.de; tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9622/9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X 1. Directly through the development partner's office
- X 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Consultant (RebelGroup International BV)*

**PDe\_8. Starting date:**

*23/11/2015*

**PDe\_9. Completion date:**

*31/12/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The project (funded from the Study and Expert Fund V) provides funding for various activities including research, studies, assessments as well as consulting services provided by individual consultants, tender agents and consulting companies. The study and expert fund is utilized when preparing pre-feasibility and feasibility studies for the anticipated/planned projects to be financed by BMZ through KfW Development Bank. The PPP project in the health sector concerns two main areas of activities - provision of haemodialysis as well as laboratory services to population in need.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

884921 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

884921 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

278060 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>the amount was utilized for consultancies for conducting feasibility studies and due diligence studies in two areas (haemodialysis and laboratory services)</i>	100

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>Not Applicable</i>	100

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					100
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases			100	

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**German Development Bank**

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

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5.	MH			
6.	Others			100

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	100

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- X 5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
- 6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Technical support to the National Reference Laboratory of Tuberculosis in Kyrgyzstan*

**PDe\_2. Project / Program manager:**

*Mr. Tom Woyack*

**PDe\_3. Job title:**

*Project Manager*

**PDe\_4. Email:**

*tom.woyack@kfw.de*

**PDe\_5. Phone:**

*+04363 7431 9776*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X 1. Directly through the development partner's office
- X 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Consultanting Company (IML Diagnostik MVZ)*

**PDe\_8. Starting date:**

*10/12/2015*

**PDe\_9. Completion date:**

*31/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The goal of the project is to provide technical assistance to the National Reference Laboratory of TB as well as carry out activities to strengthen technical capacity of laboratory staff of NRL. Specifically, the following activities are included in the work plan of the project: (i) Twinning arrangement between the Kyrgyz NRL and SRL Munich-Gauting; (ii) human resources development with regular on-site trainings including monitoring visits; (iii) external quality assessment of diagnostic procedures; (iv) further implementation of a quality management system and preparation of the NRL for accreditation according to ISO 15189; (v) development of maintenance, management and budget plans for the upcoming years.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

179940 EUR

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

179940 EUR

#### PD\_5. Amount of budget disbursed during calendar year 2017:

46347,28 EUR

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	70
3.	Guidelines and protocols development	30
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB			100	
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Kuwait Fund for Arab Economic Development*

**GI\_2. Country director:**

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Ministry of Health of the Kyrgyz Republic*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Construction of the Neurosurgical Center equipped with all modern set of diagnostic and treatment equipment to provide specialized emergency and routine care to patients of neurosurgical profile, as well as to train high quality specialists*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	---
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

0

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

1 Yes

X 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

X 2.2. Health Sector Investment Strategy for 2016-2025

2.3. «Tuberculosis-V» National program

2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

0

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	
3.	High cost /high-tech health care	100
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
2 No  
X 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---  
2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- 1 Yes, until year
- 2 No
- 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes
- 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Construction and Equipping the Neurosurgical Center at the National Hospital*

**PDe\_2. Project / Program manager:**

*Mukambetomurov Bektemir Kurmanalievich*

**PDe\_3. Job title:**

*Head of Neurosurgery Department of the National Hospital / Head of PIU*

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health of the Kyrgyz Republic*

**PDe\_8. Starting date:**

*15/12/2016*

**PDe\_9. Completion date:**

*31/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*Construction of a Neurosurgical Center equipped with all modern medical equipment*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant  
X 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	5
2.	Untied	95

**PD\_4. Total program/project budget:**

*20400000 USD*

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

*1503000 USD*

**PD\_5. Amount of budget disbursed during calendar year 2017:**

*0*

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	23,33
2.	Medical equipment and technology	66,67
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>Consulting services, PIU, contingencies</i>	10

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	100
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals	23,33	66,67			10
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Kuwaiti Fund for Arab Economic Development**

Construction and Equipping the Neurosurgical Center at the National Hospital

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	100
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  4. **Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  5. **Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  6. **Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  7. **Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Joint United Nations Programme on HIV/AIDS (UNAIDS)*

**GI\_2. Country director:**

*Ms. Meerim Sarybaeva*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Ms. Meerim Sarybaeva*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations — UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank — and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. At its 37th meeting, the UNAIDS Programme Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS2016–2021 Strategy is one of the first in the United Nations system to be aligned to the Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	424405 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*424405 USD*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
2.2. Health Sector Investment Strategy for 2016-2025  
2.3. «Tuberculosis-V» National program  
X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
X 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
X 2.6. "Immunoprophylaxis" program for 2013-2017  
X 2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
X 2.9. Kyrgyz Republic e-Health Program for 2016-2020  
X 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
X 2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

*90374 USD*

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

*UNICEF*

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	100
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	25
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	75
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

133305 USD

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount 133305 USD  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- |   |               |     |
|---|---------------|-----|
|   | 1 Amount      | --- |
| X | 2 Do not know |     |

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
 1 Yes, until year: 2021  
 2 No  
 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

350000 USD

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

350000 USD

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

300000 ---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X  
 1 Yes  
 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Biennium work plan</i>		
2.	Next plan name : <i>Biennium work plan</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	350000 ---	350000 ---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- X 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----**8**-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*limited national ownership*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- X 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- X 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Technical Assistance Programme for HIV/AIDS and other infectious diseases prevention, control and surveillance in Eastern Europe and Central Asia funded by the Russian Government*

**PDe\_2. Project / Program manager:**

*Ms. Meerim Sarybaeva*

**PDe\_3. Job title:**

*Country Manager*

**PDe\_4. Email:**

*sarybaevam@unaids.org*

**PDe\_5. Phone:**

*00996 312 906228*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health, Republican AIDS Center, Scientific and Production Centre for Preventive Medicine, UNICEF, Araket Plus Public Fund*

**PDe\_8. Starting date:**

*01/01/2016*

**PDe\_9. Completion date:**

*31/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*Technical Assistance Programme for HIV/AIDS and other infectious diseases prevention, control and surveillance in Eastern Europe and Central Asia funded by the Russian Government*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Infectious control (bloodborne)	100%	80%	final indicator is to be measured in 2018
2.	: PMTCT. Infant early diagnostics	100%	85%	final indicator is to be measured in 2018
3.	: MDT.	9 MDTs	9 MDTs	final indicator is to be measured in 2018
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

415690 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

415690 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	94
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	6
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	80
3.	Guidelines and protocols development	10
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	94
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	6
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

## Joint United Nations Programme on HIV/AIDS

Programme on technical assistance on strengthening control on HIV and other infectious diseases to the countries of Eastern Europe and Central Asia (STIs and viral hepatitis), funded by the Russian Federation

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV				100	
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Joint United Nations Programme on HIV/AIDS**

Programme on technical assistance on strengthening control on HIV and other infectious diseases to the countries of Eastern Europe and Central Asia (STIs and viral hepatitis), funded by the Russian Federation

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	100
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. Batken oblast**
  - X 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
  - X 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

**Joint United Nations Programme on HIV/AIDS**

Programme on technical assistance on strengthening control on HIV and other infectious diseases to the countries of Eastern Europe and Central Asia (STIs and viral hepatitis), funded by the Russian Federation

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- 7.4. Naryn rayon
- 7.5. Jumgal rayon
- 7.6. Kochkor rayon
- 8. Osh oblast**
  - 8.1. Alai rayon
  - 8.2. Aravan rayon
  - 8.3. Karakulja rayon
  - 8.4. Karasuu rayon
  - X 8.5. Nookat rayon
  - 8.6. Uzgen rayon
  - 8.7. Chon-Alai rayon
- 9. Talas oblast**
  - 9.1. Talas town
  - 9.2. Bakaiata rayon
  - 9.3. Karabuura rayon
  - 9.4. Manas rayon
  - 9.5. Talas rayon
- 10. Chui oblast**
  - X 10.1. Tokmak town
  - 10.2. Alamudun rayon
  - 10.3. Jaiyl rayon
  - 10.4. Kemin rayon
  - X 10.5. Moskva rayon
  - 10.6. Panfilov rayon
  - 10.7. Sokuluk rayon
  - 10.8. Chui rayon
  - 10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Funding of UNAIDS main activities*

**PDe\_2. Project / Program manager:**

*Ms. Meerim Sarybaeva*

**PDe\_3. Job title:**

*Country Manager*

**PDe\_4. Email:**

*sarybaevam@unaids.org*

**PDe\_5. Phone:**

*00996 312 906228*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*UNAIDS, MoH, Republican AIDS Centre*

**PDe\_8. Starting date:**

*01/01/2016*

**PDe\_9. Completion date:**

*31/12/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*Support to effective national response to HIV*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	<i>: Treatment cascade to reach 90-90-90</i>	<i>90-90-90</i>	<i>80-67-65</i>	
2.	<i>: Road Map implementation</i>	<i>social contracting, procurement</i>	<i>in process</i>	
3.	<i>: Stigma and discrimination</i>	<i>favorable environment for HIV prevention programmes</i>	<i>in process</i>	
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

**PD\_4. Total program/project budget:**

*9100 USD*

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

*8715 USD*

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	60
2.	Capacity building	40
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	100

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV				100	
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Joint United Nations Programme on HIV/AIDS**

Funding of UNAIDS main activities

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- 3. Osh city
- 4. Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Swiss Development and Cooperation Agency*

**GI\_2. Country director:**

*Veronique Hulmann*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Elvira Muratalieva*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*To contribute to the sectoral reforms and systemic interventions at policy and population level respond to the high demand for quality, efficient, accessible and affordable health care services.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	2579668 CHF
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	2922751,61 CHF
4.	Other pooled financing	0

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*5502419,61 CHF*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X      1 Yes  
         2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X      1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X      1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X      2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
X      2.2. Health Sector Investment Strategy for 2016-2025  
X      2.3. «Tuberculosis-V» National program  
X      2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
X      2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
         2.6. "Immunoprophylaxis" program for 2013-2017  
         2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
         2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
         2.9. Kyrgyz Republic e-Health Program for 2016-2020  
         2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
         2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
         2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

*1200000 USD*

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

*World Bank through Trust Fund for the Health SWAp*

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	20
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	20
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	30
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	20
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	10
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	20
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	80
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 X 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

1200000 USD

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- X 1 Amount 1200000 USD  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- X 1 Amount ---  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- X 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- X 1 Amount ---  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- |   |               |     |
|---|---------------|-----|
|   | 1 Amount      | --- |
| X | 2 Do not know |     |

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X      1 Yes, until year: 2021  
          2 No  
          3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

*6500000 CHF*

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

*3000000 USD*

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

*3000000 USD*

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

*3000000 USD*

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

*3000000 USD*

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X      1 Yes  
          2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>CAR Swiss Regional Strategy</i>		
2.	Next plan name : <i>CAR Swiss Regional Strategy</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	<i>20 USD</i>	<i>20 USD</i>	<i>20 USD</i>
2.	Individual services	<i>50 USD</i>	<i>50 USD</i>	<i>50 USD</i>
3.	High cost /high-tech health care	---	---	---
4.	Public Health	<i>10 USD</i>	<i>10 USD</i>	<i>10 USD</i>
5.	Medical education	<i>20 USD</i>	<i>20 USD</i>	<i>20 USD</i>
6.	State guarantees	---	---	---
7.	Additional medical health	---	---	---

insurance Program			
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## IX. Use of common arrangements or procedures among development partners

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	2
2.	Name of missions	Mini-JAR events in the regions

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Mini-JAR in Osh	WB/WHO	Yes
2.	: Mini-JAR in Issyk-Kul	WB/WHO	Yes
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

2

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Analysis of Clinical sites for post-graduate medical education	SDC	No
2.	: Performance of the health facilities in Issyk-Kul oblast	SDC	No
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*Provided sector Budget support to the Health SWAp Financed bilateral projects aligned with National Health Sector Reform Strategy*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----**8**-----9-----10

**CC\_4. Please give reasons for your assessment**

*All donors's projects are well aligned with the National Reforms Strategy*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*Capacities of the national partners*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

*Political instabilities in the country - many new Ministers - weak capacities*

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

*No*

**CC\_10. What problems have been encountered in this coordination mechanism?**

*Weak capacities of the MoH*

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*Stability*

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

*How to keep the Ministers working at least for 5 years?*

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

*Fine*

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

*No*

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Community Action for Health*

**PDe\_2. Project / Program manager:**

*Tolkun Djamangulova*

**PDe\_3. Job title:**

*Team Leader*

**PDe\_4. Email:**

*tolkun@src.kg*

**PDe\_5. Phone:**

*0312906310*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Swiss Red Cross*

**PDe\_8. Starting date:**

*01/04/2014*

**PDe\_9. Completion date:**

*31/06/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

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

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: % of HPUs that receive funding for quarterly visits to VHCs from MoH (100%)	100%	100%	
2.	: Resources for health actions with VHCs allocated in the annual procurement plan of SWAp and executed	5	0	
3.	: No. of people discovered with high blood pressure (>25000/year, about half men and women)	5% increase	3% increase	
4.	: % of RHCs who generate enough income to finance at least 4 RHC meetings/year and pay a substantial membership fee to AVHC (100%)	100%	83%	
5.	: No. of projects of AVHC funded by the Social Initiative Fund (Ministry of Social protection/MoH) (3)	3	0	

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

4600000 CHF

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

0

#### PD\_5. Amount of budget disbursed during calendar year 2017:

134288 CHF

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	80

2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	20

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	50
2.	Capacity building	50
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	0
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	20
2.	Hospitals	
3.	Public Health Services	80
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					20
2.	Hospitals					
3.	Public Health Services					80
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	10		20	
2.	Risk factors				
3.	Non-communicable Diseases	10		20	

4. Injuries and Violence				
5. MCH and Reproductive health			20	
6. Adolescent Health			20	
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB		5		10	
3. Hepatitis					
4. Vaccine-preventable					
5. Other		5		10	

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco				10	
2. Alcohol				10	
3. Nutrition				20	
4. Physical activity				10	

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD		10		40	
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH			
6.	Others	10		40

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  4. **Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  5. **Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  6. **Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  7. **Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Health Care Waste Management*

**PDe\_2. Project / Program manager:**

*Nurjan Toktobaev*

**PDe\_3. Job title:**

*Team Leader*

**PDe\_4. Email:**

*nurjan@src.kg*

**PDe\_5. Phone:**

*0312906310*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Swiss Red Cross*

**PDe\_8. Starting date:**

*01/04/2017*

**PDe\_9. Completion date:**

*31/05/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*Increase patient and staff safety in healthcare facilities by sustaining the infection control system.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	•95% of health facilities are compliant with the upgraded national HAI control standard	95%	87%	
2.	•5% of hospitals annual budget is allocated to HAI control (baseline <2%)	5%	3%	
3.	•30% decrease of healthcare associated infections in intensive care and surgical patients from baseline	30%	10%	
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

1660000 CHF

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

0

#### PD\_5. Amount of budget disbursed during calendar year 2017:

610380 CHF

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	80
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	20

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	30
3.	Guidelines and protocols development	20
4.	Legal and regulatory framework development	
5.	Other (specify)	40

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	80
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	20
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	80
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	20
2.	Hospitals	60
3.	Public Health Services	20
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care		30		50	20
2.	Hospitals		30		50	20
3.	Public Health Services		30		50	20
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health		40	40	
6.	Adolescent Health				
7.	Other (specify): <i>Hospital acquired infection control</i>	100	60	60	

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				0
2.	TB				0
3.	Hepatitis				0
4.	Vaccine-preventable				0
5.	Other	100	100	100	0

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco	0	0	0	0
2.	Alcohol	0	0	0	0
3.	Nutrition	0	0	0	0
4.	Physical activity	0	0	0	0

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD	0	0	0	0
2.	Cancer	0	0	0	0
3.	Diabetes	0	0	0	0
4.	COPD (chronic obstructive	0	0	0	0

	Pulmonology diseases)				
5.	MH	0	0	0	0
6.	Others	0	0	0	0

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Medical Education Reforms*

**PDe\_2. Project / Program manager:**

*Louis Loutan*

**PDe\_3. Job title:**

*tema Leader*

**PDe\_4. Email:**

*Louis.Loutan@hcuge.ch*

**PDe\_5. Phone:**

*0312301036*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Medical Faculty of the Geneva University*

**PDe\_8. Starting date:**

*01/05/2017*

**PDe\_9. Completion date:**

*30/04/2021*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The population basic health needs, in particular in rural areas, are met by well qualified and competent health professionals in line with the Health Sector Reforms*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	-Number of family physicians per 10,000 (Baseline: 2.8 in 2016, target: 5% increase);	5% increase	1.2% increase	
2.	-% of new medical graduates working in rural areas as family doctors <sup>1</sup> (Baseline: 0% in 2015, target: 5% annual increase)	5% annual increase	2%	
3.	-%Percentage students selected GPs specialty at PGME1 (Baseline: 0, Target: 20%);	20%	5%	
4.	-%Medical students' satisfaction level with new curriculum and methods of teaching (Baseline: 87%, Target: 90%);	90%	76%	
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

3300000 CHF

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

0

#### PD\_5. Amount of budget disbursed during calendar year 2017:

593000 CHF

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	80
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	20

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	60
3.	Guidelines and protocols development	20
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>medical Education</i>	100

#### IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

##### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

##### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	80
2.	Hospitals	20
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

##### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					100
2.	Hospitals					100
3.	Public Health Services					0
4.	Emergency Care					0

##### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify): <i>medical education</i>	100	100		

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other	100	100			

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive					

	Pulmonology diseases)				
5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Health Facilities Autonomy project*

**PDe\_2. Project / Program manager:**

*Irina Elebesova*

**PDe\_3. Job title:**

*team Leader*

**PDe\_4. Email:**

*Irina.Elebesova@gfa-group.de*

**PDe\_5. Phone:**

*0312301036*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*GFA COnsulting Group*

**PDe\_8. Starting date:**

*01/01/2015*

**PDe\_9. Completion date:**

*31/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

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

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	% day cases in total of hospital discharges	30%	5%	
2.	Average number of patient visits per physician at HFs of PHC level	15	8	
3.	% of nurses at PHC settings (FMC and their branches) with expanded job descriptions (JDs)	100% in pilots	100%	
4.	% medical personnel of pilot HFs participating in peer chart reviews, incident reporting, quality audits to monitor implementation of clinical guidelines	100%	78%	
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

4560000 CHF

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

0

#### PD\_5. Amount of budget disbursed during calendar year 2017:

1042000 CHF

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	80
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	20

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	40
3.	Guidelines and protocols development	20
4.	Legal and regulatory framework development	20
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	40
3.	IT technology	40
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>trainings</i>	20

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	60
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
3.	Health Financing	10
4.	Leadership and Governance	10

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	50
2.	Hospitals	50
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care		40	30	20	10
2.	Hospitals		40	30	20	10
3.	Public Health Services					
4.	Emergency Care		50		50	

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases	50	50		50

4. Injuries and Violence				
5. MCH and Reproductive health	50	50		50
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB		100			
3. Hepatitis					
4. Vaccine-preventable					
5. Other			100		

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD		40	40		
2. Cancer					
3. Diabetes		40	40		
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others	20	20		

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Effective Management and Prevention of Non-Communicable Diseases project*

**PDe\_2. Project / Program manager:**

*Tolkun Djamangulova*

**PDe\_3. Job title:**

*Team Leader*

**PDe\_4. Email:**

*Tolkun.Djamangulova@gfa-group.de*

**PDe\_5. Phone:**

*0312906310*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*GFA Consulting Group*

**PDe\_8. Starting date:**

*01/01/2017*

**PDe\_9. Completion date:**

*31/12/2021*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The project's overall goal is to improve the health and wellbeing of the Kyrgyz population in rural areas through equitable access to quality primary care services and healthier lifestyles.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: •% of PHCs facilities in target areas practicing PEN protocols (1, 2, 4) (baseline: 5 FMCs in 2016; target to reach by the end of the project: 100% in 2021);	100%	5%	
2.	: •# of patients (M/F) with NCDs managed by village medical point is increased (baseline: TBD in January 2018; target to reach: annual increase by 5%);	5% increase	0	
3.	: •# of PEN indicators introduced in the per capita payment mechanism of the Mandatory Health Insurance Fund (baseline: 0, target by the end of the project 4 indicators).	4	2	
4.	: •% of men in target regions visiting family doctor is increased (baseline: TBD in January 2018; estimated target: increased by 10% compared to baseline value in 2021);	10%	0	
5.	: •% and # of unjustified hospitalizations due to NCDs (baseline: TBD in January 2018; estimated target: TBD);	3% annual reduction	0	

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

4310000 CHF

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

0

#### PD\_5. Amount of budget disbursed during calendar year 2017:

200000 CHF

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>project design</i>	100

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>project design</i>	100

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	70
2.	Hospitals	
3.	Public Health Services	30
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					100
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify): <i>project design</i>	100			

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other	100			

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon

5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon

6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon

X  
X  
X  
X

7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

X  
X  
X

- X 7.4. Naryn rayon
- X 7.5. Jumgal rayon
- X 7.6. Kochkor rayon
- 8. Osh oblast**
  - 8.1. Alai rayon
  - 8.2. Aravan rayon
  - 8.3. Karakulja rayon
  - 8.4. Karasuu rayon
  - 8.5. Nookat rayon
  - 8.6. Uzgen rayon
  - 8.7. Chon-Alai rayon
- 9. Talas oblast**
  - X 9.1. Talas town
  - X 9.2. Bakaiata rayon
  - X 9.3. Karabuura rayon
  - X 9.4. Manas rayon
  - X 9.5. Talas rayon
- 10. Chui oblast**
  - X 10.1. Tokmak town
  - X 10.2. Alamudun rayon
  - X 10.3. Jaiyl rayon
  - X 10.4. Kemin rayon
  - X 10.5. Moskva rayon
  - X 10.6. Panfilov rayon
  - X 10.7. Sokuluk rayon
  - 10.8. Chui rayon
  - X 10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Health Sector Programme – SWAp II*

**PDe\_2. Project / Program manager:**

**PDe\_3. Job title:**

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health*

**PDe\_8. Starting date:**

*23/12/2013*

**PDe\_9. Completion date:**

*31/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

The project concerns the implementation of the multi-donor supported sector-wide approach under the national Health Reform Programme "Den Sooluk 2012-2018". In essence, it is contribution to a basket funding of several financiers in the health sector, who jointly with and under the lead of MOH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures. "Den Sooluk 2012-2018" follows the "Manas Taalimi 2006-2011" programme and has as main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. It focuses on four selected priority health improvement areas, such as Cardiovascular diseases, Mother and Child Health, TB and HIV/AIDS prevention. Expected health gains, however, shall be achieved through the elimination of system barriers in the major health system functions: Public Health, Individual Health Services, Health Financing, Recourses Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protection, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Target value Actual value Notes 1 Government health expenditures as a share of total government expenditures	13	13.1	actual value for the year 2017
2.	: Target value Actual value Notes 1 Government health expenditures as a share of total government expenditures	46.6	38.3	actual value for the year 2017
3.	: Infant Mortality Rate decreased to 19 per 1,000 live births	18	17	actual value for the year 2017
4.	: TB Mortality decreased to 8 per 100,000 population	<8	<7	actual value for the year 2017
5.	: Prevalence of HIV infection among children born from HIV-positive mothers	3	<3	actual value for the year 2017

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

11963500 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

11963500 USD

#### PD\_5. Amount of budget disbursed during calendar year 2017:

3000000 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	11
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	89
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	100
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>In fact, investment follows MOH procurement plan which also includes construction, IT, equipment, studies, consultancies and operational expenses</i>	100

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*Saudi Fund for Development*

**GI\_2. Country director:**

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Ministry of Health of the Kyrgyz Republic*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Implementation of project for Reconstruction and Expansion of the Public Pediatric Emergency Hospital In Bishkek*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	---
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

0

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

1 Yes

X 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

X 2.2. Health Sector Investment Strategy for 2016-2025

2.3. «Tuberculosis-V» National program

2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

0

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	100
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes
- 2 No
- 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---
- 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- 1 Yes, until year
- 2 No
- 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes
- 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Reconstruction and Expansion of the Public Pediatric Emergency Hospital In Bishkek*

**PDe\_2. Project / Program manager:**

*Omurbekov Talantbek Oroskulovich*

**PDe\_3. Job title:**

*Chief Physician of the Public Pediatric Emergency Hospital In Bishkek*

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health of the Kyrgyz Republic*

**PDe\_8. Starting date:**

*17/05/2017*

**PDe\_9. Completion date:**

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*Reconstruction and Expansion of the Public Pediatric Emergency Hospital In Bishkek*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant  
X 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

**PD\_4. Total program/project budget:**

*30000000 USD*

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

0

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

**Saudi Development Fund**

Reconstruction and Expansion of the Public Pediatric Emergency Hospital In Bishkek

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	62,22
2.	Medical equipment and technology	26,67
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify): <i>Consulting services, contingencies</i>	11,11

#### IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

##### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

##### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	100
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

##### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals	62,22	26,67			11,11
3.	Public Health Services					
4.	Emergency Care					

##### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health		100		
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**Saudi Development Fund**

Reconstruction and Expansion of the Public Pediatric Emergency Hospital In Bishkek

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	100
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  - 4. Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  - 5. Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  - 6. Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  - 7. Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*USAID mission in Kyrgyz Republic*

**GI\_2. Country director:**

*USAID Mission Director: Mr. Gary Linden*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Nora Madrigal, Director of Health and Education office*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Goal: A democratic, well-governed, and prosperous Kyrgyz Republic. USAID's investments in health and nutrition strengthened the country's ability to combat HIV and tuberculosis (TB). USAID's investments in health and nutrition strengthened the country's ability to combat HIV, tuberculosis (TB), and malnutrition. USAID's nutrition activities resulted in a significant increase in maternal and child nutrition practices, including: increased exclusive breastfeeding of children under six months, from 29 percent to 63 percent; use of iron supplementation by pregnant women increased from 16 to 31 percent; consumption of diverse foods among mothers of children under two increased from 35 to 70 percent; consumption of diverse foods among children increased from 42 to 54 percent. USAID scaled up outpatient TB treatment models in both rural and urban primary health care facilities and began implementation of a TB Optimization Plan to improve efficiency and quality of care. For the first time in the country, patients with drug-resistant forms of TB received new drugs and shortened treatment regimens, which increased the treatment success rate and saved lives. HIV activities provided testing and treatment to key populations and supported policy development. USAID support resulted in the approval of a new Law on State Social Procurement in May 2017, which will improve government responsiveness to citizen concerns, and provide a sustainable funding source for civil society organizations that provide social services to citizens. Further supporting these efforts, the Democracy Commission funded five projects that improved government and civic participation in health, local governance, aid to victims of trafficking, anti-discrimination, and emergency management.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	8657000 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

*8657000 USD*

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
2.2. Health Sector Investment Strategy for 2016-2025  
X 2.3. «Tuberculosis-V» National program  
X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
2.6. "Immunoprophylaxis" program for 2013-2017  
2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
X 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
2.9. Kyrgyz Republic e-Health Program for 2016-2020  
X 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

*93000 USD*

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

*UNAIDS, UNODC, UNICEF MICS*

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	80
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	10
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	10
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	30
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	60
5.	Medical education	
6.	State guarantees	10
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- X 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X      1 Yes, until year  
          2 No  
          3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X      1 Yes  
          2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	2598000 USD	2598000 USD	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	5196000 USD	5196000 USD	---
5.	Medical education	---	---	---
6.	State guarantees	866000 USD	866000 USD	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.		UNDP/GF	NO
2.		CDC	NO
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----**8**-----9-----10

**CC\_4. Please give reasons for your assessment**

*It seems that all partners are aligned with the priorities of the GOKR. However, it seems that the priorities of DPs sometimes drive the priorities of the GOKR.*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*The Joint Annual Reviews are much more driven and focused for the needs of SWAP partners, and parallel financiers are less involved. The impact of health programs are not fully shown by the indicators and data shown in the JARs.*

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Kyrgyzstan Defeat TB (DTB) project*

**PDe\_2. Project / Program manager:**

*Ainura Ibraimova*

**PDe\_3. Job title:**

*Chief of Party (COP)*

**PDe\_4. Email:**

*ainura\_ibraimova@abtassoc.com*

**PDe\_5. Phone:**

*+996 312 976101*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Abt Associates Inc.*

**PDe\_8. Starting date:**

*15/08/2014*

**PDe\_9. Completion date:**

*14/08/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

USAID's Defeat TB Project is designed to reduce the burden of tuberculosis (TB) in the Kyrgyz Republic. Its implementation limits the development of drug-resistant strains of the disease, supports equitable access to quality health care for vulnerable groups, and strengthens the national healthcare system. Major focus areas include: Improve access to quality TB care and services; Strengthen the capacity of healthcare service providers to deliver on their mandate, including supporting the modernization of laboratories; 3. Improve the quality of data pertaining to TB, as well as how this data is used.

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Percent of registered new smear-positive pulmonary TB cases that were cured and completed treatment under DOTS (i.e. treatment success rate) in USG-supported areas	85	81	
2.	: Number of individuals trained in any component of WHO STOP TB strategy	2100	1451	
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

14230120 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

4670000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	95
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	5
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	60
3.	Guidelines and protocols development	10
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	100
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	70
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
3.	Health Financing	10
4.	Leadership and Governance	10

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	50
2.	Hospitals	40
3.	Public Health Services	10
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care				5	95
2.	Hospitals					100
3.	Public Health Services					100
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100	100	100	
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB		100	100	100	
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*USAID Central Asia HIV Flagship Activity*

**PDe\_2. Project / Program manager:**

*Daniyar Saliev*

**PDe\_3. Job title:**

*Country Director*

**PDe\_4. Email:**

*saliev.d@psi.kg*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*POPULATION SERVICES INTERNATIONAL (PSI)*

**PDe\_8. Starting date:**

*12/04/2015*

**PDe\_9. Completion date:**

*03/12/2020*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- X 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The primary purpose of USAID Central Asia HIV Flagship Activity is to increase the use of evidence-based government- and NGO-provided HIV prevention, treatment, and care services by people living with HIV (PLHIV) and key populations, specifically people who inject drugs (PWID), their sexual partners, and men who have sex with men (MSM). By providing targeted technical assistance and direct services to the government and NGO sector to reach the populations driving the HIV epidemic, this Activity contributes to reducing the number of new HIV infections and reducing HIV-related deaths in Central Asia. Through the use of PLHIV peers, the HIV Flagship activity is able to reach high risk individuals who are otherwise not reached with health services.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results		10450	
2.	: Number of the targeted people reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		10736	
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

2044000 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

715000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100

2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	75
3.	Guidelines and protocols development	5
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Challenge TB Project*

**PDe\_2. Project / Program manager:**

*Bakyt Myrzaliev*

**PDe\_3. Job title:**

*Country Director*

**PDe\_4. Email:**

*bakyt.myrzaliev@kncvtbc.org*

**PDe\_5. Phone:**

*+996 312398 202*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*KNCV Tuberculosis Foundation*

**PDe\_8. Starting date:**

*01/09/2014*

**PDe\_9. Completion date:**

*30/09/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*Challenge TB assists the Kyrgyz National TB Program to set up the essential treatment and management conditions for the use of new drugs and treatment regimens. The Challenge TB project aims to support the introduction of new drugs such as Bedaquiline and Delamanid and new treatment regimens to reduce the M/XDR-TB burden in the Kyrgyz Republic by improving health systems and clinicians' skills in diagnosis and case management. The project is also assisting the country in implementing a national plan for the introduction of a treatment that cures MDR-TB in half less time (from up to 24 months to 9-12 months).*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Number of multi-drug resistant tuberculosis cases detected	1200	1244	
2.	: Number of multi-drug resistant tuberculosis cases that have initiated second line treatment	1200	1163	
3.	: Number of individuals trained in any component of WHO STOP TB strategy	900	623	
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

3322346 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

600000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

<b>Nr.</b>	<b>Category</b>	<b>Funding allocation %</b>
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	50
3.	Guidelines and protocols development	25
4.	Legal and regulatory framework development	5
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

<b>Nr.</b>	<b>Category</b>	<b>Funding allocation %</b>
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	80
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
3.	Health Financing	
4.	Leadership and Governance	10

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	50
2.	Hospitals	40
3.	Public Health Services	10
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					100
2.	Hospitals					100
3.	Public Health Services					100
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100	100	100	
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB		100	100	100	
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

*Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.*

**PDe\_1. Project / Program title:**

*HIV REACT Project*

**PDe\_2. Project / Program manager:**

*Natalia Shumskaya*

**PDe\_3. Job title:**

*Chairman of AFEW in KR*

**PDe\_4. Email:**

*natalya.shumskaya@afew.kg*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*AIDS Foundation East-West in Kyrgyzstan; Harm Reduction Network Association*

**PDe\_8. Starting date:**

*6/11/2014*

**PDe\_9. Completion date:**

*31/12/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*The primary objective of this activity is to reduce HIV transmission among key populations (KP) in detention and post-detention settings. The project supports outreach activities for KP with a special focus on people who inject drugs (PWID) and people living with HIV (PLHIV) and provides a comprehensive package of services to strengthen prison-based HIV prevention, treatment, and care services. In the Kyrgyz Republic, the HIV REACT is working in six prisons – one in Bishkek city, and five in Chui Oblast. The project provides training, transitional client management and prevention services, and strengthens the quality of narcology services, linkages with AIDS centers, as well as provides legal and social support services for prisoners and ex-prisoners.*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

**PD\_4. Total program/project budget:**

350000 USD

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

116000 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	60
3.	Guidelines and protocols development	15
4.	Legal and regulatory framework development	15
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

#### IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

##### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

##### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

##### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					100
4.	Emergency Care					

##### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*LEADER for PLHIV*

**PDe\_2. Project / Program manager:**

*Evgenia Kalinichenko*

**PDe\_3. Job title:**

*Head of Country Network of PLHIV in KG*

**PDe\_4. Email:**

*countrynetworkofplwhkg@gmail.com*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Central Asian Association for People Living with HIV (CAAPLHIV)*

**PDe\_8. Starting date:**

*25/4/2014*

**PDe\_9. Completion date:**

*24/4/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- X 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The LEADER for People Living with HIV (PLHIV) activity strengthens the organizational and leadership capacity of the Central Asia Republics Association of People Living with HIV, its Secretariat, and its member organizations in Kazakhstan, Kyrgyz Republic, and Tajikistan to more effectively address stigma and discrimination, advocate for policies which allow equitable access to comprehensive HIV services for PLHIV, especially key populations.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

400000 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

120000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	30
2.	Capacity building	70
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*HIV Investment Case Approach*

**PDe\_2. Project / Program manager:**

*Meerim Sarybaeva*

**PDe\_3. Job title:**

*UNAIDS Country Manager*

**PDe\_4. Email:**

*sarybaevam@unaid.org*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*UNAIDS Kyrgyz Republic*

**PDe\_8. Starting date:**

*10/01/2012*

**PDe\_9. Completion date:**

*09/01/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- X 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*Maximize effectiveness of the Kyrgyz Republic's national HIV/AIDS response through efficient resource allocation and increased savings.*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

**PD\_4. Total program/project budget:**

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**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

93000 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial**

**resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	50
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	50
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8.** If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	50
4.	Leadership and Governance	50

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Regional TB Control Program*

**PDe\_2. Project / Program manager:**

*Mariam Sianozova*

**PDe\_3. Job title:**

*Regional Director*

**PDe\_4. Email:**

*msianozova@projecthope.org*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Project HOPE*

**PDe\_8. Starting date:**

*01/09/2014*

**PDe\_9. Completion date:**

*31/08/2019*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- X 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*TB Control Program supports a broader regional response for improved TB-related outcomes in the region and performs a coordinating and information exchange role across the CAR countries and Russia, as well as facilitating intergovernmental dialogue, planning, and decision-making around the issue of TB in labor migrants.*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant
- 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

**PD\_4. Total program/project budget:**

400000 USD

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

100000 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	15
3.	Guidelines and protocols development	5
4.	Legal and regulatory framework development	60
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	60
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	40

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	20
2.	Hospitals	
3.	Public Health Services	80
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	100		100	
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health				
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB		100		100	
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Strengthening Partnerships, Results and Innovation in Nutrition Globally (SPRING)*

**PDe\_2. Project / Program manager:**

*Madhwaraj Ballal*

**PDe\_3. Job title:**

*CoP*

**PDe\_4. Email:**

*n/a*

**PDe\_5. Phone:**

*n/a*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*JSI Reseach and Training Institute, Inc.*

**PDe\_8. Starting date:**

*15/07/2018*

**PDe\_9. Completion date:**

*30/09/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*SPRING is a cross sectoral nutrition activity with strong collaboration with the Agro Horizon program. The program has sought to address stunting and anemia among women and children in the country through the uptake of 11 evidence-based practices. These practices, tailored to the Kyrgyz context, relate to optimal breastfeeding, appropriate complementary feeding of children, dietary diversity throughout the year, reduction of junk food, handwashing, and other household-level behaviors targeting women and children in the first 1,000 days between pregnancy and a child's second birthday. These practices are promoted through direct communication, mass media, routine health services, and other appropriate channels, such as agriculture activities and relevant national platforms. SPRING conducted national level advocacy and policy/program support, as well as focused program delivery in Jalal-Abad (10 districts) and Naryn oblasts, and Bishkek city.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Number of children under five (0-59 months) reached by nutrition-specific interventions through USG-supported programs	40,000	112,193	The target was set for four months, as the project was planned to end in May 2017. Since the project was extended till May 2018, the 2017 results were higher than expected.
2.	: Number of pregnant women reached by nutrition-specific interventions through USG-supported programs	4,000	74,356	
3.	: Number of individuals receiving nutrition-related professional training through USG-supported programs	14,765	17,658	
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

7589539 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

2243000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	20
2.	Capacity building	60
3.	Guidelines and protocols development	10
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	100
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	33
2.	Hospitals	34
3.	Public Health Services	33
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health	100	100	100	
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other				100	

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition		100	100	100	
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**US Agency for International Development**

Strengthening Partnerships, Results and Innovation in Nutrition Globally (SPRING)

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5.	MH	100	100	100	
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	20
2.	Targeted sub-national coverage	80
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
  - X 5.1. Jalal-Abad city
  - X 5.2. Karakul town
  - X 5.3. Kokjangak town
  - 5.4. Kerben town
  - X 5.5. Mailuusuu town
  - X 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - X 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - X 5.12. Toguztoro rayon
  - X 5.13. Toktogul rayon
  - X 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - X 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. Naryn oblast**
  - X 7.1. Naryn town
  - X 7.2. Aktalaa rayon
  - X 7.3. Atbashy rayon

- X 7.4. Naryn rayon
- X 7.5. Jumgal rayon
- X 7.6. Kochkor rayon
- 8. Osh oblast**
  - 8.1. Alai rayon
  - 8.2. Aravan rayon
  - 8.3. Karakulja rayon
  - X 8.4. Karasuu rayon
  - X 8.5. Nookat rayon
  - X 8.6. Uzgen rayon
  - X 8.7. Chon-Alai rayon
- 9. Talas oblast**
  - X 9.1. Talas town
  - X 9.2. Bakaiata rayon
  - X 9.3. Karabuura rayon
  - X 9.4. Manas rayon
  - X 9.5. Talas rayon
- 10. Chui oblast**
  - X 10.1. Tokmak town
  - X 10.2. Alamudun rayon
  - X 10.3. Jaiyl rayon
  - X 10.4. Kemin rayon
  - X 10.5. Moskva rayon
  - X 10.6. Panfilov rayon
  - X 10.7. Sokuluk rayon
  - X 10.8. Chui rayon
  - X 10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Central Asia HIV Advocacy Activity*

**PDe\_2. Project / Program manager:**

*Kubanychbek Ormoshev*

**PDe\_3. Job title:**

*National Program Officer*

**PDe\_4. Email:**

*kubanychbek.ormushev@un.org*

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- X 3. Agency (international or local organization/s)
- 4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*UNODC*

**PDe\_8. Starting date:**

*01/09/2016*

**PDe\_9. Completion date:**

*31/08/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The project will support the Ministry of Health to counter policies and practices that negatively impact HIV programming. The grant will help mobilize key stakeholders to advocate for reversing or neutralizing policies that criminalize key population (KP) behavior, particularly people who inject drugs (PWID).*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	

#### PD\_4. Total program/project budget:

---

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

0

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	50
4.	Legal and regulatory framework development	50
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	100

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	100
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases			100	
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV			100	
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**US Agency for International Development**

Central Asia HIV Advocacy Activity

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5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	20
2.	Targeted sub-national coverage	80
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
  - X 5.1. Jalal-Abad city
  - X 5.2. Karakul town
  - X 5.3. Kokjangak town
  - 5.4. Kerben town
  - X 5.5. Mailuusuu town
  - X 5.6. Tashkomur town
  - 5.7. Aksy rayon
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  - 5.10. Nooken rayon
  - X 5.11. Suzak rayon
  - X 5.12. Toguztoro rayon
  - X 5.13. Toktogul rayon
  - X 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - X 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- 7. Naryn oblast**
  - X 7.1. Naryn town
  - X 7.2. Aktalaa rayon
  - X 7.3. Atbashy rayon

- X 7.4. Naryn rayon
- X 7.5. Jumgal rayon
- X 7.6. Kochkor rayon
- 8. Osh oblast**
  - 8.1. Alai rayon
  - 8.2. Aravan rayon
  - 8.3. Karakulja rayon
  - X 8.4. Karasuu rayon
  - X 8.5. Nookat rayon
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  - X 9.3. Karabuura rayon
  - X 9.4. Manas rayon
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  - X 10.3. Jaiyl rayon
  - X 10.4. Kemin rayon
  - X 10.5. Moskva rayon
  - X 10.6. Panfilov rayon
  - X 10.7. Sokuluk rayon
  - X 10.8. Chui rayon
  - X 10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

### GI\_1. Development partner agency:

UNICEF

### GI\_2. Country director:

Yukie Mokuo

### GI\_3. Development partner official submitting this completed questionnaire:

This should usually be the same as GI\_2, but another person could fill in as well.

Cholpon Imanalieva, Bermet Sydygalieva

### GI\_4. Key goals and achievements:

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*The improvement of the quality of health services for women and children in 34 hospitals demonstrated the effectiveness of integrated monitoring rounds combining Effective Perinatal Care, Integrated Management of Childhood Illness and the Neonatal Care Programme. The results of these visits demonstrated that 42.4 per cent of hospitals had optimized completeness by the medical personnel, resulting in an increase in the number of midwives and nurses almost to the standard recommended by WHO. 78.1 per cent of pilot hospitals observed reductions in early neonatal mortality rates. UNICEF provided support to MOH and MHIF in the introduction of new financial mechanism of reimbursement of services provided to sick children at hospitals within first 24 hours of hospitalization, which was documented. Institutionalization of the 24-hour hospitalization practices resulted in gradual decline of hospital mortality rates among children under 5 years old. This model, scaled up in 2 years, quickly demonstrated economic benefits to the hospital management. The practice allowed to optimize expenses on medicines. Introduction of the triage system at admission departments permitted to attend patients quicker than before and reduce long waiting times; placing ODCUs closer to admission area and intensive care unit/resuscitation department streamlined transfer of patients for intensive care; establishment of express laboratories and availability of required medical equipment fasten diagnoses and consequently initiation of treatment; institutionalization of the evidence based treatment protocols, standardized treatment approaches and optimized expenses and avoided unnecessary expenses and increased patient satisfaction and trust. Moreover, UNICEF CO, aiming to improve nutrition, the awareness of 16,500 people was raised on the impact of flour fortification, iron deficiency and anaemia. To improve child nutrition outcomes, UNICEF engaged 160,000 caregivers during World Breastfeeding Week. A multi-stakeholder partnership continued with the Scaling Up Nutrition movement. Parliamentarians, Government representatives, academia, business, civil society and the United Nations expanded efforts promoting healthy nutrition. This partnership was recognized with the Scaling Up Nutrition Champion Award 2017 and resulted in an increase of fortified flour production from 18 per cent (2015) to 51 per cent (2017). UNICEF CO also supported the development of Register of Neural Tube Defects, which is being under piloting in six health organizations.*

### GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	934411 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

934411 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

- X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

2.2. Health Sector Investment Strategy for 2016-2025

2.3. «Tuberculosis-V» National program

- X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

- X 2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

- X 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

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**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	20
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	60
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	20
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	10
2.	Individual services	10
3.	High cost /high-tech health care	0
4.	Public health	30
5.	Medical education	50
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- X 1 Yes  
2 No  
3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- X 1 Amount ---  
2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
1 Yes, until year: 2022  
2 No  
3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

1000000 ---

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

1000000 ---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

500000 ---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

500000 ---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

500000 ---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X  
1 Yes  
2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : CPD		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	10 ---	10 ---	10 ---
2.	Individual services	10 ---	10 ---	10 ---
3.	High cost /high-tech health care	0	0	0
4.	Public Health	40 ---	40 ---	40 ---
5.	Medical education	40 ---	40 ---	40 ---
6.	State guarantees	0	0	0
7.	Additional medical health insurance Program	0	0	0

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	4
2.	Name of missions	n/a

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- X 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*advocacy for prioritization of child survival interventions, coordination*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----**7**-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- X 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*More engagement in the SUN Movement Multisectoral Platform activities*

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Perinatal care and Child Health, Nutrition*

**PDe\_2. Project / Program manager:**

*Cholpon Imanalieva, Bermet Sydygalieva*

**PDe\_3. Job title:**

*Programme Specialist, Health and Nutrition Specialist*

**PDe\_4. Email:**

*cimanalieva@unicef.org, bsydygalieva@unicef.org*

**PDe\_5. Phone:**

*+996-777-919139, +996777919104*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- 1. Directly through the development partner's office
- 2. Public sector (MoH KR / other public authorities)
- 3. Agency (international or local organization/s)
- 4. Other (specify) : *professional associations*

**PDe\_7. Please, name the implementing agency/ies:**

*variety of them*

**PDe\_8. Starting date:**

*01/12/2017*

**PDe\_9. Completion date:**

*30/12/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- 1 Completed
- 2 In process
- 3 Approved, but not started
- 4 Suspended
- 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*at national level, more children and women have increased access to quality response services*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

**PD\_3. Type of financing:**

- X      1 Grant  
          2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	30
2.	Untied	70

**PD\_4. Total program/project budget:**

*1300000 USD*

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

*934411 USD*

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	40
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	50
3.	Administrative costs	10

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	30
2.	Capacity building	40
3.	Guidelines and protocols development	20
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	50
2.	Medical equipment and technology	40
3.	IT technology	10
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	30
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	50
3.	Health Financing	10
4.	Leadership and Governance	10

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	10
2.	Hospitals	65
3.	Public Health Services	15
4.	Emergency Care	10

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care	0	0	0	0	100
2.	Hospitals	40	40	5	0	15
3.	Public Health Services	0	0	0	0	100
4.	Emergency Care	0	0	0	0	100

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	10	20	10	0
2.	Risk factors	30	20	20	10
3.	Non-communicable Diseases	20	10	10	10

4. Injuries and Violence	10	10	0	20
5. MCH and Reproductive health	30	40	60	60
6. Adolescent Health	0	0	0	0
7. Other (specify)	0	0	0	0

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV	20	90	30	10	
2. TB	0	0	0	0	
3. Hepatitis	0	0	0	0	
4. Vaccine-preventable	80	10	70	0	
5. Other				90	

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco	0	0	0	0	
2. Alcohol	10	0	0	0	
3. Nutrition	90	100	100	100	
4. Physical activity	0	0	0	0	

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	40
2.	Targeted sub-national coverage	60
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- 4. Batken oblast**
- X 4.1. Batken town
- X 4.2. Kyzylkiya town
- X 4.3. Sulyukta town
- X 4.4. Isfana town
- X 4.5. Kadamjay town
- X 4.6. Batken rayon
- X 4.7. Kadamjay rayon
- X 4.8. Leylek rayon
- 5. Jalal-Abad oblast**
- X 5.1. Jalal-Abad city
- X 5.2. Karakul town
- X 5.3. Kokjangak town
- X 5.4. Kerben town
- X 5.5. Mailuusuu town
- X 5.6. Tashkomur town
- X 5.7. Aksy rayon
- X 5.8. Alabuka rayon
- X 5.9. Bazarkorgon rayon
- X 5.10. Nooken rayon
- X 5.11. Suzak rayon
- X 5.12. Toguztoro rayon
- X 5.13. Toktogul rayon
- X 5.14. Chatkal rayon
- 6. Issyk-Kul oblast**
- X 6.1. Balykchy town
- X 6.2. Karakol town
- 6.3. Aksuu rayon
- X 6.4. Jetioguz rayon
- 6.5. Issykkul rayon
- 6.6. Ton rayon
- X 6.7. Tyup rayon
- 7. Naryn oblast**
- 7.1. Naryn town
- 7.2. Aktalaa rayon
- 7.3. Atbashy rayon

- 7.4. Naryn rayon
- 7.5. Jungal rayon
- 7.6. Kochkor rayon

**8. Osh oblast**

- X 8.1. Alai rayon
- X 8.2. Aravan rayon
- X 8.3. Karakulja rayon
- X 8.4. Karasuu rayon
- X 8.5. Nookat rayon
- X 8.6. Uzgen rayon
- X 8.7. Chon-Alai rayon

**9. Talas oblast**

- 9.1. Talas town
- 9.2. Bakaiata rayon
- 9.3. Karabuura rayon
- 9.4. Manas rayon
- 9.5. Talas rayon

**10. Chui oblast**

- 10.1. Tokmak town
- 10.2. Alamudun rayon
- 10.3. Jaiyl rayon
- 10.4. Kemin rayon
- 10.5. Moskva rayon
- 10.6. Panfilov rayon
- 10.7. Sokuluk rayon
- 10.8. Chui rayon
- 10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

### GI\_1. Development partner agency:

*United Nations Population Fund (UNFPA) in Kyrgyzstan*

### GI\_2. Country director:

*Giulia Vallese, Country Director for UNFPA Kyrgyzstan*

### GI\_3. Development partner official submitting this completed questionnaire:

This should usually be the same as GI\_2, but another person could fill in as well.

*Nurgul Smankulova, National Program Analyst on Reproductive health*

### GI\_4. Key goals and achievements:

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Output 1: Increased national capacity to deliver comprehensive maternal health services. Indicator: 1. The number of new reproductive health guidelines and protocols are developed and implemented. 2. Two CEMD reports with recommendations are available in the country. Target: 1*  
*Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence. Indicator: 1. The forecasting system for reproductive health commodities is available. 2. The number of healthcare providers and community members trained on family planning human rights protocols .Target: 1. 100 health providers; 2. 30 community members*  
*Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings. Indicator: 1. The number of healthcare providers and stakeholders trained on MISP. Target: 100 health providers and stakeholders*

### GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	350000 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

350000 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
2.2. Health Sector Investment Strategy for 2016-2025  
2.3. «Tuberculosis-V» National program  
X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
X 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
2.6. "Immunoprophylaxis" program for 2013-2017  
2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
X 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
2.9. Kyrgyz Republic e-Health Program for 2016-2020  
X 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
X 2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

---

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

<b>Nr.</b>	<b>Category</b>	<b>%</b>
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	30
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	10
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	50
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	5
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	5
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	20
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	20

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

350000 USD

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- X      1 Amount  
         2 Do not know

*131000 USD*

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X      1 Yes, until year: 2022  
          2 No  
          3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

300000 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X      1 Yes  
          2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Sexual and reproductive health</i>		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	10 USD	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	20 USD	---	---
7.	Additional medical health insurance Program	20 USD	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	1
2.	Name of missions	<i>CEMD (Confidential enquiry into maternal death) with WHO and GIZ</i>

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

1

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: <i>CEMD</i>	<i>GIZ, WHO, Agakhan, UNICEF</i>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- X 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- X 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- X 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Reproductive health program*

**PDe\_2. Project / Program manager:**

*Nurgul Smankulova*

**PDe\_3. Job title:**

*National Program Analyst on Reproductive health*

**PDe\_4. Email:**

*smankulova@unfpa.org*

**PDe\_5. Phone:**

*0770003210*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of health, NGO Kyrgyz family planning alliance, PU National red crescent society, NGO Reproductive health alliance*

**PDe\_8. Starting date:**

*01/01/2017*

**PDe\_9. Completion date:**

*31/12/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

**PD\_1. Project/Program goal:**

*Reproductive health program*

**PD\_2. Project/Program progress:**

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Two CEMD reports with recommendations are available in the country	2	2	
2.	: The number of healthcare providers and community members trained on family planning human rights protocols	100	100	
3.	: he number of healthcare providers and stakeholders trained on MISIP	100	100	
4.				
5.				

**PD\_3. Type of financing:**

- 1 Grant
- 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

**PD\_4. Total program/project budget:**

*350000 USD*

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

*350000 ---*

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	100
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

<b>Nr.</b>	<b>Category</b>	<b>Funding allocation %</b>
1.	Policy development (including M&E and analytic works)	10
2.	Capacity building	40
3.	Guidelines and protocols development	30
4.	Legal and regulatory framework development	20
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

<b>Nr.</b>	<b>Category</b>	<b>Funding allocation %</b>
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	10
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
3.	Health Financing	
4.	Leadership and Governance	80

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	100
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					100
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health	50	30		20
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other	50	30			20

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

**United Nations Population Fund**

Sexual and reproductive health and family planning

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5.	MH	30	50		20
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  4. **Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  5. **Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  6. **Issyk-Kul oblast**
    - 6.1. Balykchy town
    - 6.2. Karakol town
    - 6.3. Aksuu rayon
    - 6.4. Jetioguz rayon
    - 6.5. Issykkul rayon
    - 6.6. Ton rayon
    - 6.7. Tyup rayon
  7. **Naryn oblast**
    - 7.1. Naryn town
    - 7.2. Aktalaa rayon
    - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

### GI\_1. Development partner agency:

*UNDP Project in support of the Government of Kyrgyzstan, funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria*

### GI\_2. Country director:

*Mr. Ozonnia Ojielo*

### GI\_3. Development partner official submitting this completed questionnaire:

This should usually be the same as GI\_2, but another person could fill in as well.

*Ms. Itana Labovic*

### GI\_4. Key goals and achievements:

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Kyrgyzstan has a concentrated HIV epidemic among most at risk population groups (PWID, MSM and prisoners). Kyrgyzstan is also one of the 27 countries with a high burden of multi-drug resistant TB (MDR-TB) and one of the 18 high-priority countries in the WHO European Region. The overall Goal of the Effective TB and HIV Control Project is to reduce TB and HIV burden in Kyrgyzstan through ensuring universal access to timely and quality TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing treatment, care and support to PLHIV, creating enabling environment and ensuring programs sustainability. 1.To ensure universal access to timely and quality diagnosis and treatment of all forms of TB including M/XDR-TB;2.To implement evidence-based HIV preventive activities focused primarily on key affected populations and provide treatment, care and support to PLHIV;3.To create enabling environment and ensure program sustainability. "Effective TB and HIV control project in Kyrgyzstan" is continuation of previous successful implementation of TB and HIV grants, based on the NFM Concept Note submitted by CCM in August 2015. The Programme aims to reduce TB and HIV burden in Kyrgyzstan through ensuring universal access to timely and quality TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing treatment, care and support to PLHIV, creating enabling environment and ensuring programs sustainability. The UNDP GFATM Programme aims to further support the implementation of the state programmes on TB and HIV and to support the national institutions to deliver a complex of comprehensive measures to provide an access to TB and HIV diagnosis and treatment. UNDP in its role of the Principal Recipient of GF grants has been primarily focusing on strengthening national capacity for programme development and implementation by building the capacities of sub-recipients and communities as well as government and civil society organizations. More specifically UNDP has been actively working at developing capacity of Ministry of Health for taking over the role of Principal Recipient.*

### GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	15797109 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

15797109 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- 1 Yes  
X 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

2.2. Health Sector Investment Strategy for 2016-2025

X 2.3. «Tuberculosis-V» National program

X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

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**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes
- 2 No
- 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---
- 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X  
 1 Yes, until year: 2020  
 2 No  
 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

11273138 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

7949252 USD

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

5246698 USD

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

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**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

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**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes  
 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*UNDP as a PR, through the GF grants, covers significant proportion of the implementation of the national responses to HIV and TB. As such, UNDP has been continuously procuring drugs and diagnostic tests in timely and high quality manner, supported development of national treatment protocols, national partners capacity building (both governmental and non-governmental organizations), introducing innovative approaches in working with target groups, supporting fighting stigma and discrimination and overcoming the legal barriers.*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*Activities in the GF grant are fully in line with the National Strategies and priorities identified by the country.*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

*Ministry of Health is chairing the Country Coordinating Mechanism leading and overseeing the HIV and TB response and as such actively participating in all relevant discussion and decision making related to grant making as well as grant implementation process.*

**CC\_10. What problems have been encountered in this coordination mechanism?**

*Coordination of activities between the development partners could be improved.*

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Effective TB and HIV control project in Kyrgyzstan*

**PDe\_2. Project / Program manager:**

*Mrs. Itana Labovic*

**PDe\_3. Job title:**

*Program manager*

**PDe\_4. Email:**

*itana.labovic@undp.org*

**PDe\_5. Phone:**

*+996 312 398214*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Republic Narcological Centre, Republic AIDS Centre, Bishkek AIDS Centre, Osh AIDS Centre, Jalalabad AIDS Centre, State Service for Execution of Sentences, National Centre of Phthiology, TB centres in oblasts, NGOs*

**PDe\_8. Starting date:**

*01/07/2016*

**PDe\_9. Completion date:**

*30/06/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The overall Goal of the Effective TB and HIV Control Project is to reduce TB and HIV burden in Kyrgyzstan through ensuring universal access to timely and quality TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing treatment, care and support to PLHIV, creating enabling environment and ensuring programs sustainability. 1. To ensure universal access to timely and quality diagnosis and treatment of all forms of TB including M/XDR-TB; 2. To implement evidence-based HIV preventive activities focused primarily on key affected populations and provide treatment, care and support to PLHIV; 3. To create enabling environment and ensure program sustainability.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	<i>: Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy</i>	85%	84%	<i>The data is obtained through the reporting system of the Republican AIDS Center and based on electronic PLHIV tracking system. For the cohort enrolled in the period 1 January 2016– 31 December 2016, 801 PLHIV started receiving ART (466 men and 335 women). During the next 12 months 55 people died due to different reasons, 73 discontinued/refused receiving treatment. 673 were recorded as PLHIV on treatment by the end of 12 months (379 men and 294 women). The data is preliminary and will be adjusted in the next PU/DR after annual reports are received by RMIC and RAC.</i>
2.	<i>: Percentage of people living with HIV currently receiving antiretroviral therapy</i>	37.40%	38.08%	<i>In accordance to the official data submitted by the Republic AIDS Center, as of 31 December 2017, 3, 237 PLHIV were receiving ARV. The number includes 2, 792 adults (female -1 297, male - 1 495) and 445 children (female -177, male - 268). Denominator: Estimated number of all adults and children living with HIV. The latest available data on denominator for 2016 is 8, 500 according to the UNAIDS (pls. refer to the link: <a href="http://aidsinfo.unaids.org/">http://aidsinfo.unaids.org/</a>). According to the updated clinical protocol on HIV infection which was approved by the end of 2017 the new strategy "test and treat"</i>

				was introduced. Based on new scientific assessments, the World Health Organization (WHO) recommended that everyone with HIV be offered ART as soon as they are diagnosed.
3.	: Number of TB cases with RR-TB and/or MDR-TB notified	712	736	The number of cases of MDR / PP / XDR-TB, notified in Q 2-3 of 2017, reached 736 compare with the target of 712. The indicator fulfilled at the level of 103%. Civilian health sector notified 703 cases, penitentiary sector - 33.
4.	: Number of cases with RR-TB and/or MDR TB that began second-line treatment	662	686	(1) In Q2-3 2017, 686 RR/ MDR-TB patients were enrolled into the second-line treatment against 662 targeted (103 %). This number includes 643 case, covered with drugs from the GF source, and 43- by MSF. The civilian health sector enrolled 658 patients, the prison sector- 28. (4) In addition to 686 RR/ MDR-TB patients, 205 PDR patients were commenced on the SLD, also procured by UNDP. These patients not reflected in the indicator performance number, due to the definition captures RR/ MDR-TB patients only.
5.	: Number of PLHIV reached with community care and support programmes	1616/2694 (60%)	3117/3370(92.5%)	3, 117 PLHIV in total received various services as a minimum twice during the reported period (once during each quarter). Denominator: Total number of PLHIV in care. The latest available data provided by RAC on denominator is 3, 370 at the end of reporting period. Thus, the result is 92% (3117/3370).

**PD\_3. Type of financing:**

- X 1 Grant
- 2 Concessional Loan

**PD\_3.1. Type of funding:**

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

**PD\_4. Total program/project budget:**

18156826 USD

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

---

**PD\_5. Amount of budget disbursed during calendar year 2017:**

15797109 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	43
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	45
3.	Administrative costs	12

***FILTER: PD\_7 applies only to donors who provide technical assistance*****PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	6
2.	Capacity building	3
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify): <i>Living Support to Clients/Target Population; financial grants to NGOs and Government sub-recipients</i>	91

***FILTER: PD\_8 applies only to donors who provide investments*****PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	1
2.	Medical equipment and technology	14
3.	IT technology	7
4.	Medical supplies (including immunizations, pharmaceuticals etc.	74
5.	Other (specify): <i>Other equipment</i>	4

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X 1. Kyrgyz Republic
- X 2. Bishkek city
- X 3. Osh city
- X **4. Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
- X **5. Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
- X **6. Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
- X **7. Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

- 7.4. Naryn rayon
- 7.5. Jumgal rayon
- 7.6. Kochkor rayon

**8. Osh oblast**

- 8.1. Alai rayon
- 8.2. Aravan rayon
- 8.3. Karakulja rayon
- 8.4. Karasuu rayon
- 8.5. Nookat rayon
- 8.6. Uzgen rayon
- 8.7. Chon-Alai rayon

**9. Talas oblast**

- X 9.1. Talas town
- 9.2. Bakaiata rayon
- 9.3. Karabuura rayon
- 9.4. Manas rayon
- 9.5. Talas rayon

**10. Chui oblast**

- X 10.1. Tokmak town
- 10.2. Alamudun rayon
- 10.3. Jaiyl rayon
- 10.4. Kemin rayon
- X 10.5. Moskva rayon
- 10.6. Panfilov rayon
- 10.7. Sokuluk rayon
- 10.8. Chui rayon
- X 10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

WORLD HEALTH ORGANIZATION

**GI\_2. Country director:**

JARNO HABICHT

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

JARNO HABICHT

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*The World Health Organization (WHO) work is guided by the principle that health is a human right that must be universally and equitably accessible. In Kyrgyzstan, we have supported the Government for over 25 years - since the country became a WHO Member State in 1992. Our goal is to build a better, healthier future for the people of Kyrgyzstan. During 2017 WHO supported the policy dialogue and provided continuing technical assistance at the level of health policy and support to public health programs:•Kyrgyzstan aims to harmonize its sectorial programs with new national sustainable development strategy 2040 and the global Sustainable Development Goals (SDGs). With WHO support, the health sector, spearheaded the trend being the first to adapt the SDGs in health sector and to develop specific related indicators. •WHO supported the development of the national development strategy, 4th generation health strategy and various programmes preparation (including hepatitis, TB control, tobacco control, alcohol control, mental health, public laboratory network) as well as mid-term reviews of other documents. WHO convened the development partners to support health strategy implementation and consistent policy dialogue for strategic and evidence informed decision making. •As a result of long-term and comprehensive anti-malarial interventions during previous years to strengthen the surveillance systems WHO certified Kyrgyzstan as a malaria free country •WHO provided technical assistance and capacity building through various partners which helped reduce the prevalence of soil-transmitted helminth infections among school-aged children in Kyrgyzstan from 56% to 13.2% as a result of deworming campaigns conducted since 2013. •The national immunization program was reviewed and with the support from WHO the conjugated pneumococcal vaccine (PCV) introduced in Kyrgyzstan to prevent severe diseases such as pneumonia and meningitis; since late 2017the seasonal influence vaccine coverage was doubled with WHO prequalified vaccine. •The 2nd edition of WHO Pocket Book of management of common childhood illnesses adapted and disseminated among health care professionals including as a mobile application; the confidential enquiries into maternal deaths was institutionalized with WHO's support and support to further scaling up of Near-miss care reviews was provided. •With WHO assistance UN agencies were convened towards NCD agenda, the performance reviews of primary care and specialized care conducted to improve access and quality of NCD services; three key NCD risk factor surveys were conducted to generate evidence for policy making on urban food environment (FEED), knowledge attitudes and practices of tobacco and alcohol use (KAP) and Alcohol taxation. •Following a policy dialogue on tobacco control led by WHO during the biennium the country introduced graphic warnings on tobacco products in an effort to increase people's awareness of the harmful effects of tobacco use •With the second-highest rate of mortality due to road traffic accidents in the European Region (2013), capacity building among various sectors and Kyrgyzstan participation in global fora helped to increase awareness for the dangers of speed and generate measures to address it. •WHO's high level policy dialogue on Universal Health Coverage led to increased awareness on need to ensure financial protection and importance on access to medicines. After the two decades the first strategy of the Mandatory Health Insurance Fund was developed to strengthen the governance and increase purchasing capacity; steps were taken to strategic purchasing through the revision of contracting mechanism with hospitals. •In an effort to improve access to safe and effective medicines and medical products and to lighten the major financial burden to citizens, Kyrgyzstan's Parliament approved regulation package during the course of the biennium. With them the state is able to regulate the medicines price and make them more affordable; the protective mechanisms introduced to safeguard the market from poor-quality products and post-marketing controls monitor the effectiveness and side effects of drugs in the market. The drug regulation agency review together with the capacity building aims to enable national authorities to deliver the regulation to practice. WHO supported the drafting of all relevant legal documents, provided relevant evidence and supported the policy dialogue to ensure Government approval. •In 2017 as follow up measures after the external evaluation of IHR carried out in 2016, the action plan was developed to improve national capacities on emergency preparedness and response. •70 hospitals (half of public facilities) were evaluated on hospital safety index to support further infrastructure investments with WHO technical assistance.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	2732000 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

2732000 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
X 1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- X 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
2.2. Health Sector Investment Strategy for 2016-2025  
X 2.3. «Tuberculosis-V» National program  
X 2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
X 2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
X 2.6. "Immunoprophylaxis" program for 2013-2017  
X 2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
X 2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
X 2.9. Kyrgyz Republic e-Health Program for 2016-2020  
X 2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
X 2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

0

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

N/A

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	5
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	5
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	5
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	15
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	5
6.	3.6. By 2030 halve global deaths from road traffic accidents	5
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	5
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	15
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	5
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	5
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	10
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	10
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	5
14.	Other SDG targets related to health	5

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	10
2.	Individual services	30
3.	High cost /high-tech health care	0
4.	Public health	20
5.	Medical education	0
6.	State guarantees	30
7.	Additional medical health insurance Program	10

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes  
 2 No  
 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

0

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount 0  
 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount 0  
 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount 0  
 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount 0  
 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

X	1 Amount	0
	2 Do not know	

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X      1 Yes, until year  
         2 No  
         3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

3000000 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

3000000 USD

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

3200000 USD

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

3400000 USD

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

3500000 USD

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X      1 Yes  
         2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name : <i>Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2016/2017</i>		
2.	Next plan name : <i>Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2018/2019</i>		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	273200 ---	300000 ---	300000 ---
2.	Individual services	819600 ---	900000 ---	900000 ---
3.	High cost /high-tech health	0	0	0

	care			
4.	Public Health	546400 ---	600000 ---	600000 ---
5.	Medical education	0	0	0
6.	State guarantees	819600 ---	900000 ---	900000 ---
7.	Additional medical health insurance Program	273200 ---	300000 ---	300000 ---

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

### Joint missions

#### JM\_1. How many joint missions to the field were undertaken in calendar year 2017?

Nr.		
1.	Number of missions	105
2.	Name of missions	Communicable diseases - 27 missions Noncommunicable diseases - 19 missions Promoting health through the life-course - 3 missions Health systems/Universal Health Coverage - 39 missions Health Emergencies/International Health Regulations - 16 missions

#### JM\_2. How many of these were coordinated:

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: Mission on finalization of country application on CCE	GAVI, UNICEF	Yes
2.	: Launch of Cardiovascular diseases report	UNDP	Yes
3.	: Support the preparation of 4 health sector strategy	Development partners	Yes
4.	: Den Sooluk JAR 2017	Jointly with WB, KfW, Swiss/SDC, GiZ, USAID, UNAIDS, UNFPA, UNICEF, GAVI, GFATM	Yes
5.	: Monitoring of immunization project on Health Systems Strengthening	GAVI, UNICEF	Yes
6.	: Den Sooluk Thematic Week on next health strategy	Jointly with WB, KfW, Swiss/SDC, GiZ, USAID, UNAIDS, UNFPA, UNICEF	Yes
7.	: Mission for implementation seasonal Flu vaccine in the framework of Partnership for Influenza Vaccine Introduction (PIVI)	CDC, Task Force for Global Health (TFGH)	Yes
8.	: Health services delivery policy briefing development	Development partners	Yes
9.	: Introduction of Rotavirus vaccine	UNICEF, GAVI	Yes

### Joint health sector analytic work

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

#### AW\_1. Number of works:

16

#### AW\_2. How many of these were coordinated:

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	: A scoping review of Health Service Delivery in Kyrgyzstan: what does the evidence tell us?	WB, SDC, KfW, GiZ, UNICEF, UNAIDS	YES
2.	: Prevention and control of noncommunicable diseases in Kyrgyzstan.	UNITAF, UNDP	YES

	<i>The case for investment</i>		
3.	<i>: 2nd National Confidential enquiry into maternal deaths report</i>	UNFPA	YES
4.	<i>: Monitoring and evaluation of the quality of implementation of NMCR in maternity hospitals at oblast level in Talas and Naryn oblasts</i>	UNFPA	YES
5.	<i>: Monitoring and evaluation of the quality of implementation of NMCR in maternity hospitals at oblast level in Jalal-Abad, Osh and Chui oblasts (2017).</i>	UNFPA	YES
6.	<i>: Global Maternal sepsis study (GLOSS) (2017)</i>	UNFPA	YES
7.	<i>: Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas</i>	UNFPA	YES
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

*WHO (including all level of the Organization) is actively involved in coordination mechanisms in health sector, has strong working relations with the key health authorities and technical staff, is one of the key agencies to identify the policy gaps and support in organization of the policy dialogue events, thematic meetings, and technical discussions. WHO has been supporting four generations of the health reform program to ensure policy dialogue, technical assistance, informed policy making (including support of studies and surveys for M&E) and continuous capacity building. In the named period that transformation from Manas Talimi (2nd wave reform program finished in 2010) to Den Sooluk (3rd wave for 2012 – 2016 with extension to 2018) is ensured together with key partners. WHO (together with sector led WB) facilitated the negotiations and agreement of Joint Statement on SWAp principles in 2012 bringing together 15 development partners and national authorities to support the Den Sooluk reform program in a coordinated manner, further extension until end of 2018 was facilitated in 2017. Beyond health sector WHO took an active lead for health sector partners under the work of the Development Partners Coordinating Council (including revitalization of health group and active meetings) and coordination of the actions within the UN Agencies (including the UNDAF). As a technical agency WHO has provided support to national authorities (mainly to MoH and its agencies) in named period but also assisted development partners when technical inputs and support is needed (including sharing latest evidence and standard; contributing to pilot projects in various regions of the country; participating in joint missions etc) In 2017, WHO supported MoH for the first time publish a 'landscape' analysis of the role of various DPs in the health sector*

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*The BCA priorities designed based on the situation in health sector, main priorities and demands for WHO technical assistance as well support to policy dialogue on the reform process. The activities are scaled up within the set priorities according to the corporate and other resources. Some other WHO activities have been designed based on the situation in the sector that needed extensive support from WHO but also coordination with development partners and UN family organizations. While majority support is aligned, there is room for improvement for coordination and pooling partners funds/actions towards same priorities.*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

*-Changing situation in health sector and limited consistency in reforms;-Outbreaks and overall vulnerability of the country to disasters;-Constant change and rotation of the national focal points;-Unaligned investment strategies and technical assistance package;*

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact

- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

*The continuous policy dialogue (in 2017 also the two Oblast level JARs that complemented the national level dialogue) has increased significantly awareness about the priority reform processes among the donors and other stakeholders, and generated continuous external and internal resources for priority areas. The coordination under SWAp enables to seek complementarities of development aid as well the discussion on coordination of domestic and international resources is intensified, in 2017, WHO supported MoH for the first time publish a 'landscape' analysis of the role of various DPs in the health sector. The WHO priorities for 2016/17 agreement have been consulted over two-year period as part of overall Program Budget preparation.*

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

*See also previous comments on SWAp principles (signed by 15 partners) and the country has experience of extensive coordination for over a decade, however practices have varied over time due to local circumstances (capacity of the national institution, stability of the country etc) and dynamics among development partners. In addition the overall principles bringing together joint and parallel financiers, the former has particular role to lead to high level dialogue. Joint financiers (led by the WB involving SDC and KfW) and WHO are bringing the dialogue to higher level (including the summary notes prepared by partners and national authorities), set the direction of investments/support (including the SWAp-2 pooled funding and procurement plan dialogue) and monitor certain performance indicators (to protect domestic health budget allocations and its execution).*

**CC\_10. What problems have been encountered in this coordination mechanism?**

*Few obstacles:-Competitive and unaligned interests of DP's, as well different procedures;-New and un-traditional partners emerging in health sector that are not engaged to SWAp and have parallel structures compared to other DPs;-Constant changes of the top management in MoH;-Moderate interest and proactive approach from national authorities to drive the processes (probably lack of energy that needs revitalizing with enhanced coordination mechanism);-Signs of selected partners to move back to the PIU model to facilitate program implementation and vertical structures.*

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

*-Regular information exchange between MoH (while engaging also MoF and FOMS as JS partners) and DP's;- More extensive use of distance communication (email, MoH website, periodical press-briefs) in the period between official thematic meetings and JAR;-Increase transparency on ODA and partners activity (the second ODA mapping in 2018 is important move forward );-Developing practice to engage together SWAp partners and new/untraditional DPs in an aligned manner (especially important for 4th generation health transformation program development and aligning necessary support to match the domestic resource allocation);-Joining the UHC2030 compendium and preparing next joint statement for 2019-2030 period;-Regular information about planned Projects/activities/Missions;-More engagement from the Government level.*

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

*-In coming years it is important to clarify for aid monitoring and evaluation the roles and responsibilities. While in the health sector the practices are established over long period with gradual improvement then there are also parallel initiatives (as for example implementation of aid management platform with first inputs of information in 2015 for other sectors) and coordination efforts by President Office, PM Office, Ministry of Foreign Affairs and Ministry of Economy.*

**Thank You!**

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

- F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**
- F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2016/2017*

**PDe\_2. Project / Program manager:**

*JARNO HABICHT*

**PDe\_3. Job title:**

*WHO Representative/ Head of WHO Country Office in Kyrgyzstan*

**PDe\_4. Email:**

*habichtj@who.int*

**PDe\_5. Phone:**

*+996 312 61 26 80*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*World Health Organization Country Office in Kyrgyzstan*

**PDe\_8. Starting date:**

*01/01/2017*

**PDe\_9. Completion date:**

*31/12/2017*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*The Biennial Collaborative Agreement (BCA) for 2016–2017 was mutually agreed and endorsed in response to public health concerns and ongoing efforts to improve the health status of the population of Kyrgyzstan. The BCA is based on analyses of the public health situation in the country and inputs from the national health authorities, while also taking into account WHO global priorities, policy directions and country priorities, and reflects the WHO strategic assessment. The BCA contributes to the implementing Health 2020 vision in Kyrgyzstan and includes programmatic priorities in the areas as non-communicable diseases; health system strengthening towards Universal Health Coverage; promoting health throughout the life-course; and, preparedness, surveillance and response.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Control of key NCD risk factors	Conduct three key NCD risk factor surveys	Achieved	Three surveys: on urban food environment (FEED), knowledge attitudes and practices of tobacco and alcohol use (KAP) and Alcohol taxation conducted
2.	: Improved Ministry of Health (MoH) capacity to formulate, comprehensive national health policy	The inclusive, consultative process of development of 4th generation health strategy has started	Achieved	MoH together with WHO's support and convening Development Partners started the process thru the year, the strategy draft was developed and presented at the Thematic Week of December 2017
3.	: Improved MHIF capacity to develop the vision of institutional development	The first MHIF institutional development strategy prepared	Achieved	
4.	: Medicines regulatory framework strengthened	Three new laws on medicines and medical devices approved	Achieved	
5.	: Expanded coverage with seasonal influenza vaccine	82,668 dozes	Achieved with exceeding the planned amount two times - 181,869 dozes	The total exceeded was 2.2 times more than the season of 2016/2017, with additional WHO prequalified vaccines made available thru PIVI mechanism

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

2732000 USD

**PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?**

2732000 USD

**PD\_5. Amount of budget disbursed during calendar year 2017:**

2732000 USD

**PD\_6. Type of Funding**

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	66,2
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	0,6
3.	Administrative costs	33,2

***FILTER: PD\_7 applies only to donors who provide technical assistance*****PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	40
2.	Capacity building	30
3.	Guidelines and protocols development	20
4.	Legal and regulatory framework development	10
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments*****PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	100
4.	Medical supplies (including immunizations, pharmaceuticals etc.	
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	15
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
3.	Health Financing	25
4.	Leadership and Governance	40

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	15
2.	Hospitals	25
3.	Public Health Services	50
4.	Emergency Care	10

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					100
2.	Hospitals					100
3.	Public Health Services				30	70
4.	Emergency Care					100

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases	15	10	50	50
2.	Risk factors	20	10	5	0
3.	Non-communicable Diseases	45	40	30	40

**World Health Organization**

Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2016/2017

4. Injuries and Violence	10	0	15	0
5. MCH and Reproductive health	10	40	0	10
6. Adolescent Health	0	0	0	0
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV				10	
2. TB				30	
3. Hepatitis				30	
4. Vaccine-preventable				30	20
5. Other	100	100	100		80

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco				40	
2. Alcohol				20	
3. Nutrition				40	
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD		55	55	55	100
2. Cancer		20	20	20	
3. Diabetes		0	0	0	
4. COPD (chronic obstructive Pulmonology diseases)		5	5	5	

**World Health Organization**

Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2016/2017

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5.	MH	20	20	20	
6.	Others	0	0	0	

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	98
2.	Targeted sub-national coverage	0
3.	Pilot sites	2

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

- X
1. Kyrgyz Republic
  2. Bishkek city
  3. Osh city
  4. **Batken oblast**
    - 4.1. Batken town
    - 4.2. Kyzylkiya town
    - 4.3. Sulyukta town
    - 4.4. Isfana town
    - 4.5. Kadamjay town
    - 4.6. Batken rayon
    - 4.7. Kadamjay rayon
    - 4.8. Leylek rayon
  5. **Jalal-Abad oblast**
    - 5.1. Jalal-Abad city
    - 5.2. Karakul town
    - 5.3. Kokjangak town
    - 5.4. Kerben town
    - 5.5. Mailuusuu town
    - 5.6. Tashkomur town
    - 5.7. Aksy rayon
    - 5.8. Alabuka rayon
    - 5.9. Bazarkorgon rayon
    - 5.10. Nooken rayon
    - 5.11. Suzak rayon
    - 5.12. Toguztoro rayon
    - 5.13. Toktogul rayon
    - 5.14. Chatkal rayon
  6. **Issyk-Kul oblast**
    - X 6.1. Balykchy town
    - X 6.2. Karakol town
    - X 6.3. Aksuu rayon
    - X 6.4. Jetioguz rayon
    - X 6.5. Issykkul rayon
    - X 6.6. Ton rayon
    - X 6.7. Tyup rayon
  7. **Naryn oblast**
    - X 7.1. Naryn town
    - X 7.2. Aktalaa rayon
    - X 7.3. Atbashy rayon

**World Health Organization**

Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization, 2016/2017

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- X 7.4. Naryn rayon
- X 7.5. Jumgal rayon
- 7.6. Kochkor rayon
- 8. Osh oblast**
  - 8.1. Alai rayon
  - 8.2. Aravan rayon
  - 8.3. Karakulja rayon
  - 8.4. Karasuu rayon
  - 8.5. Nookat rayon
  - 8.6. Uzgen rayon
  - 8.7. Chon-Alai rayon
- 9. Talas oblast**
  - X 9.1. Talas town
  - 9.2. Bakaiata rayon
  - X 9.3. Karabuura rayon
  - 9.4. Manas rayon
  - X 9.5. Talas rayon
- 10. Chui oblast**
  - X 10.1. Tokmak town
  - 10.2. Alamudun rayon
  - 10.3. Jaiyl rayon
  - X 10.4. Kemin rayon
  - 10.5. Moskva rayon
  - 10.6. Panfilov rayon
  - X 10.7. Sokuluk rayon
  - X 10.8. Chui rayon
  - X 10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*WFP Kyrgyz Republic*

**GI\_2. Country director:**

*Mr. Andrea Bagnoli*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Emma Khachatryan*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*The UN World Food Programme's (WFP) country strategic plan consolidates WFP's role as a partner of the Government by complementing its food security and nutrition programmes and facilitating the generation and transfer of knowledge. The plan contributes to the new National Sustainable Development Strategy, the United Nations Development Assistance Framework (2018–2022) and Sustainable Development Goals 2 and 17.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	50000 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	---
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

50000 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- 1 Yes  
 2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017

1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)

2.2. Health Sector Investment Strategy for 2016-2025

2.3. «Tuberculosis-V» National program

2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021

2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020

2.6. "Immunoprophylaxis" program for 2013-2017

2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018

2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic

2.9. Kyrgyz Republic e-Health Program for 2016-2020

2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020

2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020

2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

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**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	50000

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	50000
2.	Individual services	
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- 1 Yes
- 2 No
- 3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

---

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- 1 Amount ---
- 2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- 1 Amount ---
- 2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- 1 Amount
- 2 Do not know

---

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- 1 Yes, until year
- 2 No
- 3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

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**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

---

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

---

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

---

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

---

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- 1 Yes
- 2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	---	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	
2.	Name of missions	

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

***Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following***

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- X
- 1 Excellent
  - 2 Good
  - 3 Medium
  - 4 Poor
  - 5 Very poor
  - 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----**5**-----6-----7-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

*WFP is does not have purely mandate in health.*

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- X
- 1 High impact
  - 2 Medium impact
  - 3 Some impact
  - 4 No impact
  - 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- X
- 1 Yes
  - 2 No
  - 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

*Thank you, we tried to respond as relevant.*

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Nutrition - school meals*

**PDe\_2. Project / Program manager:**

**PDe\_3. Job title:**

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

**PDe\_8. Starting date:**

**PDe\_9. Completion date:**

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*WFP aims to support the Government in implementing its school meals policy and action plan to replicate and institutionalize the provision of hot, diverse and nutritious meals in primary grades 1–4, focusing on the meals' contributions to safety nets, education, health and nutrition. WFP will help to create the national management capacities to sustain the programme and expand it to higher grades. WFP aims at supporting the Government at the central and decentralized levels to improve its capacities to manage food security and nutrition through coordinated evidence-based approaches to meet the different needs of individuals. This will diversify the Government's social protection mechanisms to include protective, preventive and promotional approaches with a view to improving equality in access to benefits, including by institutionalizing WFP-supported approaches.*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.				
2.				
3.				
4.				
5.				

#### PD\_3. Type of financing:

- X      1 Grant  
        2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

---

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

---

#### PD\_5. Amount of budget disbursed during calendar year 2017:

50000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	100
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	100
5.	Other (specify)	

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

**UN World Food Program in the Kyrgyz Republic**

Nutrition - school meals

---

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
  - 5.11. Suzak rayon
  - 5.12. Toguztoro rayon
  - 5.13. Toktogul rayon
  - 5.14. Chatkal rayon
6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
  - 6.2. Karakol town
  - 6.3. Aksuu rayon
  - 6.4. Jetioguz rayon
  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
  - 6.7. Tyup rayon
7. **Naryn oblast**
  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
  - 7.3. Atbashy rayon

7.4. Naryn rayon

7.5. Jungal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

8.4. Karasuu rayon

8.5. Nookat rayon

8.6. Uzgen rayon

8.7. Chon-Alai rayon

**9. Talas oblast**

9.1. Talas town

9.2. Bakaiata rayon

9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## I. General information about Development Partner Agency

**GI\_1. Development partner agency:**

*International Development Assosiation*

**GI\_2. Country director:**

*Minister of Health*

**GI\_3. Development partner official submitting this completed questionnaire:**

This should usually be the same as GI\_2, but another person could fill in as well.

*Oskombaeva Klara - the Director of the RBF project Secretariat*

**GI\_4. Key goals and achievements:**

Please, provide one page descriptive summary of your official development assistance key goals achievements, results and milestones for calendar year 2017.

*Component 1: Pilot Performance-Based Payments and Enhanced Supervision for Quality of Care. The component aims to assess two alternatives for improving the quality of secondary care at the rayon hospital level, where 63 participating hospitals were randomized into three groups: (a) an enhanced supervision scheme using a Balanced Scorecard (BSC), to assess quality at the facility level, together with a performance-based payment made against level of facility performance achieved on a quarterly basis; (b) an enhanced supervision scheme using a BSC alone without performance-based payments; and (c) control group with "business as usual". Component 2: Strengthen the Government's and Providers' Capacity in Performance-Based Payment Reform and Monitoring and Evaluation for results. Through activities under this component, the MoH, the MHIF and the RBF Extended Technical Team are receiving support to become more effective and efficient in the purchasing, regulation and quality control of health care services, and in monitoring and evaluating of results. Participating health facilities are receiving training and other support to develop capacity to conduct quarterly review and self-monitoring and evaluation for results. The average quality scores measured by the BSC have shown a remarkable improvement in both groups of hospitals from the baseline. The average scores increased from the baseline of 9.3% in August 2014 to 71% in October 2017 (latest data provided) in Group 1 hospitals and from 8.6% to 59% in Group 2 hospitals. Pilot project was successfully scaled up to all district hospitals in 2017. RBF tools and BSC were developed to the PHC facilities and tested in the two pilot FMC. While hospitals have done remarkably well in improving the structural aspects of quality, the clinical processes and content of care are yet to see significant improvement. The project has identified a need for considerable investment in building knowledge, skills and capacity of frontline workers to improve clinical processes and content of care.*

**GI\_5. Please estimate approximately the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017.**

Please, enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to annual exchange rate recorded by the Republic of Kyrgyzstan in 2017

Nr.	Category	Funding allocation [original currency]
1.	Program/project aid	2080157 USD
2.	Sector Budget Support	---
3.	Pooled funds under SWAp	3005000 USD
4.	Other pooled financing	---

## V. Aid flows alignment with national and international priorities

**NP\_1. How much ODA overall did you disburse for health in calendar year 2017?**

5085157,00 USD

**NP\_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and Development partners on *The National Program of Health Care Reform in Kyrgyz Republic "Den Sooluk 2012-2018"* (the Sector Wide Approach of the Health Sector)?**

Please, check what applies:

- X 1 Yes  
2 No

**NP\_3. Please, specify to which national policies, strategies or programs of the health sector your agency contributes to**

Please, check all that apply

**1. General Strategies**

- X 1.1. The National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017  
1.2. "Den sooluk" National Health Reform Program of the Kyrgyz Republic for 2012-2018

**2. Sub-sectorial Strategies**

- 2.1. The Strategy for the protection and promotion of health of the population of the Kyrgyz Republic until 2020 (Health 2020)  
2.2. Health Sector Investment Strategy for 2016-2025  
2.3. «Tuberculosis-V» National program  
2.4. The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021  
2.5. The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020  
2.6. "Immunoprophylaxis" program for 2013-2017  
2.7. The Program for prevention of the restoration of local transmission of malaria in the Kyrgyz Republic for 2014-2018  
2.8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic  
2.9. Kyrgyz Republic e-Health Program for 2016-2020  
2.10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020  
2.11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020  
2.12. Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas

**NP\_4. Others. If not recalled in the list above, please, state the national policies, strategies or programs of the health sector your agency contributes to**

**NP\_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic you disbursed through other development partners in 2017 (ODA which is not captured in your responses to other questions)**

0

**NP\_6. Please specify the name of other development partner agencies through which you disbursed in 2017 ODA for the health sector of the Kyrgyz Republic:**

**NP\_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017**

Nr.	Category	%
1.	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	30
2.	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	10
3.	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	
4.	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5.	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6.	3.6. By 2030 halve global deaths from road traffic accidents	
7.	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8.	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9.	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10.	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11.	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines	
12.	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	
13.	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14.	Other SDG targets related to health	

## VI. Distribution of development partner support by MTBF (Mid-Term Budgetary Framework) and other financial tools

### Mid-Term Budgetary Framework

#### MT\_1. Thinking back for year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

Nr.	Category	%
1.	Management and Administration	35
2.	Individual services	65
3.	High cost /high-tech health care	
4.	Public health	
5.	Medical education	
6.	State guarantees	
7.	Additional medical health insurance Program	

### Use of country public financial management systems

#### FM\_1. Was your ODA for health sector recorded in the annual 2017 sector budget?

- X 1 Yes  
2 No  
3 Do not know

#### FM\_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2017?

1938745 USD

#### FM\_3. In calendar year 2017, how much ODA disbursed for the government/public sector used national budget execution procedures?

- X 1 Amount 1938745 USD  
2 Do not know

#### FM\_4. In calendar year 2017, how much ODA disbursed for the government/public sector used national financial reporting procedures?

- X 1 Amount 1938745 USD  
2 Do not know

#### FM\_5. In calendar year 2017, how much ODA disbursed for the government/public sector used national auditing procedures?

- X 1 Amount 1938745 USD  
2 Do not know

#### FM\_6. In calendar year 2017, how much ODA disbursed for the government/public sector used all three abovementioned national procedures?

- X 1 Amount 1938745 USD  
2 Do not know

### Use of country procurement systems

#### PS\_1. How much ODA disbursed for the health sector used national procurement systems in

**calendar year 2017?**

- |   |               |     |
|---|---------------|-----|
|   | 1 Amount      | --- |
| X | 2 Do not know |     |

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

**AP\_1. Do you plan continuing support for health sector in years 2018-2022?**

- X      1 Yes, until year: 2019  
          2 No  
          3 Uncertain

**AP\_2. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2018?**

3901030 USD

**AP\_3. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2019?**

0

**AP\_4. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2020?**

0

**AP\_5. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2021?**

0

**AP\_6. How much total ODA for the Kyrgyz health sector did you schedule for disbursement in calendar year 2022?**

0

**AP\_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-years plan agreed with the local Government?**

- X      1 Yes  
          2 No

**AP\_8. Please indicate the starting and ending dates of your agency's current and next multi-years plans for the Kyrgyz Republic:**

Nr.		Starting year	Ending year
1.	Current plan name		
2.	Next plan name		

**AP\_9. Please indicate how much of the scheduled disbursement for 2018-2020 will go to the following MTBF categories:**

Nr.	Category	2018	2019	2020
1.	Management and Administration	---	---	---
2.	Individual services	2501890 USD	---	---
3.	High cost /high-tech health care	---	---	---
4.	Public Health	---	---	---
5.	Medical education	---	---	---
6.	State guarantees	---	---	---
7.	Additional medical health insurance Program	---	---	---

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

### Joint missions

**JM\_1. How many joint missions to the field were undertaken in calendar year 2017?**

Nr.		
1.	Number of missions	2
2.	Name of missions	<i>RBF Project Implementation - Sept.2017</i> <i>RBF Project Financial Management - April 2017</i>

**JM\_2. How many of these were coordinated:**

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.	<i>: RBF Project Financial Management</i>		Yes
2.	<i>: RBF Project Implementation</i>		yes
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Joint health sector analytic work

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

**AW\_1. Number of works:**

**AW\_2. How many of these were coordinated:**

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

Nr.	Insert name	Coordinated with which development partners	Coordinated under the Joint Statement (SWAp)? (YES/NO)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

## X. Coordination & Complementarity

*Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following*

**CC\_1. How would you rate the overall development partner coordination in the health sector?**

- 1 Excellent
- 2 Good
- 3 Medium
- 4 Poor
- 5 Very poor
- 6 Don't know

**CC\_2. From your point of view, what specific role does and did the international organization that you represent, play within the development partner community in the health sector of the Kyrgyz Republic, between 2012 and 2017?**

**CC\_3. How would you rate the extent to which the development partner support has been aligned to the priorities of the health sector in Kyrgyz Republic?**

Scale 1 to 10

1-----2-----3-----4-----5-----6-----**7**-----8-----9-----10

**CC\_4. Please give reasons for your assessment**

**CC\_5. What were the constraints to achieve complete alignment with health sector priorities?**

**CC\_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?**

- 1 High impact
- 2 Medium impact
- 3 Some impact
- 4 No impact
- 5 Do not know

**CC\_7. Please specify the reasons for your answer:**

**CC\_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?**

- 1 Yes
- 2 No
- 3 Do not know

**CC\_9. If yes, please, provide details on the added value of this coordination mechanism.**

**CC\_10. What problems have been encountered in this coordination mechanism?**

**CC\_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health?**

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

**Thank You!**

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

**F\_1. Please, let us know what you thought of this survey, its structure and questions. Please, provide any comments and suggestions:**

**F\_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year:**

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Kyrgyz Health Results-Based Financing Pilot Project*

**PDe\_2. Project / Program manager:**

*Oskombaeva Klara*

**PDe\_3. Job title:**

*Director of the RBF project Secretariat under the Ministry of Health*

**PDe\_4. Email:**

*k\_oskombaeva@rbf.med.kg*

**PDe\_5. Phone:**

*996 (779) 000237*

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*RBF project Secretariat under the Ministry of Health*

**PDe\_8. Starting date:**

*07/29/2014*

**PDe\_9. Completion date:**

*12/31/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

*Kyrgyz Health Results-Based Financing Pilot Project*

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: (i) the proportion of eligible rayon hospitals that received the authorized performance-based payments within two weeks after the MHIF's receipt of payment invoices	100%	100%	
2.	: the proportion of quarterly peer verification records for Groups 1 and 2 rayon hospitals submitted to MHTF within one week after the end of the quarter;	100%	100%	
3.	: Average % score Balanced Scorecard (BSC) indicator 1.7 Red Blood Cell Availability (Group 1 hospitals)	72%	68%	
4.	: Average % score for Category 6 Maternity Department (Group 1 hospitals)	80%	72.5%	
5.	: Average % score for Category 7 Pediatric/Neonatal Department ( Group 1 hospitals)	78%	78%	

#### PD\_3. Type of financing:

- X      1 Grant  
          2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	100
2.	Untied	

#### PD\_4. Total program/project budget:

*11000000 USD*

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

*11000000 USD*

#### PD\_5. Amount of budget disbursed during calendar year 2017:

*2080157 USD*

#### PD\_6. Type of Funding

Nr.	Category	%
-----	----------	---

1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	80
3.	Administrative costs	20

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	5
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	26
2.	Medical equipment and technology	30
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.	7
5.	Other (specify)	32

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	80
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	20

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	100
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide "investments" (see question PD\_8) in the "Health Service Delivery" area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals	26	30		7	37
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4. Injuries and Violence				
5. MCH and Reproductive health		100		
6. Adolescent Health				
7. Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. HIV					
2. TB					
3. Hepatitis					
4. Vaccine-preventable					
5. Other					

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. Tobacco					
2. Alcohol					
3. Nutrition					
4. Physical activity					

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1. CVD					
2. Cancer					
3. Diabetes					
4. COPD (chronic obstructive Pulmonology diseases)					

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
  - 5.6. Tashkomur town
  - 5.7. Aksy rayon
  - 5.8. Alabuka rayon
  - 5.9. Bazarkorgon rayon
  - 5.10. Nooken rayon
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6. **Issyk-Kul oblast**
  - 6.1. Balykchy town
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  - 6.5. Issykkul rayon
  - 6.6. Ton rayon
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  - 7.1. Naryn town
  - 7.2. Aktalaa rayon
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7.5. Jumgal rayon

7.6. Kochkor rayon

**8. Osh oblast**

8.1. Alai rayon

8.2. Aravan rayon

8.3. Karakulja rayon

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**9. Talas oblast**

9.1. Talas town

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9.3. Karabuura rayon

9.4. Manas rayon

9.5. Talas rayon

**10. Chui oblast**

10.1. Tokmak town

10.2. Alamudun rayon

10.3. Jaiyl rayon

10.4. Kemin rayon

10.5. Moskva rayon

10.6. Panfilov rayon

10.7. Sokuluk rayon

10.8. Chui rayon

10.9. Yssyk-ata rayon

## II. Program/Project Details (applicable for all aid modalities)

***Each donor should complete sections II, III, IV and V for each program/ project they provide support to that qualify under ODA criteria.***

**PDe\_1. Project / Program title:**

*Health Sector Programme – SWAp II*

**PDe\_2. Project / Program manager:**

**PDe\_3. Job title:**

**PDe\_4. Email:**

**PDe\_5. Phone:**

**PDe\_6. The program / project is implemented through**

[Multiple answers question]

- X
1. Directly through the development partner's office
  2. Public sector (MoH KR / other public authorities)
  3. Agency (international or local organization/s)
  4. Other (specify)

**PDe\_7. Please, name the implementing agency/ies:**

*Ministry of Health*

**PDe\_8. Starting date:**

*23/12/2013*

**PDe\_9. Completion date:**

*30/12/2018*

**PDe\_10. Implementation status as of 31.12.2017**

- X
- 1 Completed
  - 2 In process
  - 3 Approved, but not started
  - 4 Suspended
  - 5 Other (specify)

### III. Program / Project Description (applicable for all aid modalities)

#### PD\_1. Project/Program goal:

The project concerns the implementation of the multi-donor supported sector-wide approach under the national Health Reform Programme "Den Sooluk 2012-2018". In essence, it is contribution to a basket funding of several financiers in the health sector, who jointly with and under the lead of MOH decide on the use of the funds for investments in the sector and a parallel financing of accompanying training and advisory measures. "Den Sooluk 2012-2018" follows the "Manas Taalimi 2006-2011" programme and has as main objective to establish conditions for the protection and improvement of the population's health as a whole and for each individual, irrespective of social status and gender differences. It focuses on four selected priority health improvement areas, such as Cardiovascular diseases, Mother and Child Health, TB and HIV/AIDS prevention. Expected health gains, however, shall be achieved through the elimination of system barriers in the major health system functions: Public Health, Individual Health Services, Health Financing, Recourses Generation and Governance. The SWAp framework encompasses a range of activities designed to improve access, financial protection, efficiency, equity, transparency, responsiveness and fiduciary performance in the Kyrgyz health sector.

#### PD\_2. Project/Program progress:

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators reflect best its activities or results.

Nr.	Indicator	Target value	Actual value	Notes
1.	: Government health expenditures as a share of total government expenditures	13	13.1	actual value for the year 2017
2.	: Maternal Mortality Ratio decreases to 46.6 per 100,000 live births	46.6	38.3	actual value for the year 2017
3.	: Infant Mortality Rate decreased to 19 per 1,000 live births	18	17.9	actual value for the year 2017
4.	: TB Mortality decreased to 8 per 100,000 population	<8	<7	actual value for the year 2017
5.	: Prevalence of HIV infection among children born from HIV-positive mothers	3	<3	actual value for the year 2017

#### PD\_3. Type of financing:

- 1 Grant  
X 2 Concessional Loan

#### PD\_3.1. Type of funding:

(please, estimate in %, the total amount should equal 100%)

Nr.	Category	%
1.	Tied	
2.	Untied	100

#### PD\_4. Total program/project budget:

13500000 USD

#### PD\_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency contribution to the project?

13500000 USD

#### PD\_5. Amount of budget disbursed during calendar year 2017:

3005000 USD

#### PD\_6. Type of Funding

Nr.	Category	%
1.	Technical Assistance (Policy development; Capacity building; Guidelines and protocols and legal and regulatory framework development; Other)	11
2.	Investment (Construction and refurbishment; Medical equipment and technology IT; Medical supplies; Other)	89
3.	Administrative costs	

***FILTER: PD\_7 applies only to donors who provide technical assistance***

**PD\_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational effort that go to the following categories, in %**

Nr.	Category	Funding allocation %
1.	Policy development (including M&E and analytic works)	
2.	Capacity building	100
3.	Guidelines and protocols development	
4.	Legal and regulatory framework development	
5.	Other (specify)	

***FILTER: PD\_8 applies only to donors who provide investments***

**PD\_8. If you provide investments assistance, please estimate in the distribution of financial resources and organizational effort that go to the following categories, in %:**

Nr.	Category	Funding allocation %
1.	Construction and refurbishment	
2.	Medical equipment and technology	
3.	IT technology	
4.	Medical supplies (including immunizations, pharmaceuticals etc.)	
5.	Other (specify): <i>In fact, investment follows MOH procurement plan which also includes construction, IT, equipment, studies, consultancies and operational expenses</i>	100

## IV. Program/Project Description (applicable for all aid modalities) by priority areas of health sector

### PA\_1. How much of your financial support goes to the following areas of health system:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	
2.	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3.	Health Financing	
4.	Leadership and Governance	

***FILTER: PA\_2 applies only to donors who provide support for development/strengthening health services***

### PA\_2. How much of your financial support goes to the following areas of Health Services Delivery:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Funding allocation %
1.	Primary Care	
2.	Hospitals	
3.	Public Health Services	
4.	Emergency Care	

***FILTER: PA\_3 applies only to development partners who provide “investments” (see question PD\_8) in the “Health Service Delivery” area (see question PA\_2)***

### PA\_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please, estimate in %, so that the total by column equals 100% Please, estimate in %, so that the total by row equals 100%

Nr.	Category	Construction and refurbishment	Medical equipment and technology	IT technology	Medical supplies	Other
1.	Primary Health Care					
2.	Hospitals					
3.	Public Health Services					
4.	Emergency Care					

### PA\_4. Please, estimate approximately how much of your financial support goes to the various Disease areas, risk factors by following health services areas:

Please, estimate in %, so that the total by column equals 100%

Nr.	Category	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Communicable Diseases				
2.	Risk factors				
3.	Non-communicable Diseases				

4.	Injuries and Violence				
5.	MCH and Reproductive health				
6.	Adolescent Health				
7.	Other (specify)				

***FILTER: PA\_5 applies only to donors who provide support in the Communicable Disease area***

**PA\_5. Please, estimate approximately how much of your financial support goes to the various communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Primary Health Care	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	HIV				
2.	TB				
3.	Hepatitis				
4.	Vaccine-preventable				
5.	Other				

***FILTER: PA\_6 applies only to donors who provide support in the Risk Factor area***

**PA\_6. Please, estimate approximately how much of your financial support goes to the various risk factors areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Risk Factors	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	Tobacco				
2.	Alcohol				
3.	Nutrition				
4.	Physical activity				

***FILTER: PA\_7 applies only to development partners who provide support in the Non-Communicable Disease area***

**PA\_7. Please, estimate approximately how much of your financial support goes to the various non-communicable disease areas following health services delivery levels:**

Please, estimate in %, so that the total by column equals 100%

Nr.	Non-Communicable Disease	Primary Health Care	Hospitals	Public Health Services	Emergency Care
1.	CVD				
2.	Cancer				
3.	Diabetes				
4.	COPD (chronic obstructive Pulmonology diseases)				

5.	MH				
6.	Others				

## VII. Geographical coverage

### GC\_1. Please, estimate approximately how much of your financial support goes to the various geographic areas:

in %, so that the total equals 100%

Nr.	Category	%
1.	National coverage	100
2.	Targeted sub-national coverage	
3.	Pilot sites	

***FILTER: GC\_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites***

### GC\_2. Please specify where:

Multiple answers possible

1. Kyrgyz Republic
2. Bishkek city
3. Osh city
4. **Batken oblast**
  - 4.1. Batken town
  - 4.2. Kyzylkiya town
  - 4.3. Sulyukta town
  - 4.4. Isfana town
  - 4.5. Kadamjay town
  - 4.6. Batken rayon
  - 4.7. Kadamjay rayon
  - 4.8. Leylek rayon
5. **Jalal-Abad oblast**
  - 5.1. Jalal-Abad city
  - 5.2. Karakul town
  - 5.3. Kokjangak town
  - 5.4. Kerben town
  - 5.5. Mailuusuu town
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