



Kyrgyzstan Country Background Paper

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HealthProm

*Working in partnership to promote health and social care
for women and children in Eastern Europe and Asia*

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Background:

HealthProm has been working in the area of child disability and family support in Kyrgyzstan since 2008. Together with its local partners, HealthProm has successfully implemented a three-year project funded by the Big Lottery Fund (completed in April 2011), which involved developing a successful model of community-based support for disabled children and their families with a focus on early childhood intervention. HealthProm supported more than 700 families with children with disabilities in two pilot regions: Bishkek and Issyk-Kul in Kyrgyzstan. The model used is now being replicated in other regions, e.g. in the Talas region, with the help of funding from ICCO.

HealthProm plans to scale up its activities in Kyrgyzstan. To this end, it seeks to develop an effective country strategy, which will be based on initial research/findings to be carried out and incorporated into a country background paper.

Objective:

The purpose of this project is to develop a country background paper for Kyrgyzstan in line with HealthProm's overall strategy and plans for the country.

Activities:

1. Review current political/security and socio-economic situation in Kyrgyzstan
2. Review needs of women and vulnerable children (including children with disabilities) with a focus on 1) maternal and child health; 2) children with disabilities and their families; 3) children in institutions or at risk of being institutionalised
3. Identify and assess key policy documents
4. Identify main donors supporting interventions in the field in Kyrgyzstan
5. Identify key players in the field (local and international)
6. Review and summarise what has already been done in the country by HealthProm and other agencies
7. Identify gaps
8. Help identify where HealthProm can have greatest impact

ABBREVIATIONS

CBO – Community Based Organization

CCA - Commission for Children’s Affairs

CIS – Commonwealth of Independent States

CPAP – Country Programme Action Plan

EFCA – Eurasia Foundation of Central Asia

FAP – Village Paramedic Midwife Posts

FCSD - Family and Child Support Department

GDP – Gross Domestic Product

GNI – Gross National Income

KR – Kyrgyz Republic

MDG – Millennium Development Goal

NGO - Non-Governmental Organization

NSC – National Statistics Committee

OSCE – Organization for Security and Cooperation in Europe

PMEC - Psychological-Medical Educational Consultation

SCO - Shanghai Cooperation Organisation

UK – United Kingdom

UN - United Nations

UNICEF - United Nations Children’s Fund

WB – World Bank

WTO – World Trade Organization

COUNTRY BACKGROUND PAPER

This paper is designed to provide the essential background information for developing a country strategy.

About the country:



The Kyrgyz Republic, or Kyrgyzstan as it's often referred to, is a small landlocked mountainous country situated in Central Asia and is bordered by Kazakhstan, Uzbekistan, Tajikistan and China. Kyrgyzstan has 7 provinces and 2 cities – Bishkek (north), the capital, and Osh (south) - with a status equal to a province. Almost 90% of the country is 1500m above the sea level. (See also Annex 1 for a detailed map).

Kyrgyzstan's population is estimated at 5.4 million in 2010. Of those, men account for 49.3% and women for 50.7%; children before 15 for 32.5%. The average age is 27.6. Average life expectancy 69.1.

Bishkek is the capital and the largest city, with about 850,000 inhabitants. Other big cities include Osh, Jalal-Abad, and Karakol. 66% of population live in rural areas. There are over 100 ethnic groups in Kyrgyzstan. The largest one is Kyrgyz, comprise 71% of the population, followed by Uzbeks (14.3%), Russians (7.8%) and others. There are 2 official languages – Kyrgyz and Russian, the latter one is mostly used in the capital but people understand and speak Russian all over the country.

Political & Security Situation:

The 2010 Constitution defines Kyrgyzstan as a democratic republic governed by (its people through) the President, legislative, executive and judicial branches.

Kyrgyzstan is the only ex-Soviet country where popular uprisings ousted 2 presidents (Akayev and Bakiev), first in 2005 and then in 2010. Both ex-presidents tolerated and contributed to widespread corruption in all spheres and run the country as their family business. Many people and officials believe that international and local NGOs took part in regime changes despite the fact that nationwide protests involved ordinary people who were not members of any NGOs.

In 2010 and then in 2011 people elected a new president and the unicameral parliament which appoints a government. Currently there is an on-going heated process of selection of judges. The press has almost absolute freedom comparing to other CIS countries and previous times under ex-presidents. However according to Reporters Without Borders, Kyrgyzstan's mass media enjoys only 40% out of 100% of press freedom (2011-2012). Recently started anticorruption campaign seems to be gaining momentum, with several high-profile officials being jailed.

New authorities have so far managed to establish security despite its weakness and the brief but violent interethnic conflict that erupted in 2010 in the south, mainly in Osh city. Kyrgyzstan is a member of Commonwealth of Independent States (CIS), Organization for Security and Cooperation in Europe (OSCE), UN, Shanghai Cooperation Organisation (SCO). The SCO in the light of the Kyrgyzstan interethnic conflict vowed to provide more quick response (including military if needed) to similar situations in the future.

New and sometimes radical reforms in all sectors have created positive and high expectations from the government. However frequent government shake-ups (as a result of independent parliament), the same faces in the political arena that appeared during Akayev and Baliev's regimes, regular political and corruption scandals in the parliament are affecting that fragile trust in political institutions and support of Kyrgyzstan society. Some members of parliament have proposed to control NGO sector that receive international funding (following Russia's example) but they have not been successful so far. Despite these setbacks, political crises and reforms have largely not affected any programmes and social projects run by international and local NGOs¹.

Economic Situation:

Kyrgyzstan is the second poorest nation in Central Asia. According to the World Bank, Kyrgyzstan is considered as a low income country with GDP at \$5,919 bln USD, GNI per capita at \$920 per year. The inflation in Kyrgyzstan was last reported at 16.5% in 2011 and may vary greatly during different seasons of the year. (See also Annex 3 for key socioeconomic data.)

33.7% of population live below the poverty line with Issyk-Kul, Naryn and Osh regions being the most poverty stricken (WB, 2010). Significant regional differences in poverty levels are preserved. In four regions the poverty level in 2010 exceeded 40%: Naryn - 53.5%, Jalal-Abad - 44.7%, Talas - 42.3% and Osh region - 41.9%. In other regions the indicator was less than 40%. In almost all regions the poverty level in rural areas is higher than in urban areas.² Although until 2008 there had been a significant improvement on poverty and extreme poverty indicators which exceeds Millennium Development Goals (MDG)³. However, of the total number of children aged 0-17 years old 40.9% lived in poverty, of which 6.5% were in the category of extremely poor, according to the National Statistical Committee.⁴ (See Annex 2 for child poverty.)

External debt stands at about \$3,6 bln (61% of GDP). GDP's composition by sector: agriculture 20.1%, industry 28.8%, services 51.1%. The economy heavily depends on gold exports mainly from the output of the Kumtor mining company. Remittances from abroad, according to different estimates, vary between 21% and 28% of GDP which makes Kyrgyzstan the fifth most remittance-dependent country in the world (WB, 2011). Kyrgyzstan is still vulnerable to outside manipulation

¹ Except for the Red Crescent Society (a state supported NGO) which went through turbulent times during 2011 when new authorities put own people to control it. The programmes were not affected.

² Kyrgyz Republic: Medium-Term Development Program - Poverty Reduction Strategy Paper, 2012
<http://www.imf.org/external/pubs/ft/scr/2012/cr12112.pdf>

³ UNICEF: Situation assessment of children in the Kyrgyz Republic, 2011

⁴ Kyrgyz Republic: Medium-Term Development Program - Poverty Reduction Strategy Paper, 2012
<http://www.imf.org/external/pubs/ft/scr/2012/cr12112.pdf>

and pressure, particularly of Russia and Kazakhstan that can easily put the Kyrgyzstan economy to a standstill.

The Transparency International ranks Kyrgyzstan 164th out of 183 countries, and with 2,1 out of 10 score Kyrgyzstan is still in the list of 20 most corrupted countries in the world. Adding poor and tangled economic policies and highly dependent judicial system (the country scored low 1,9 out of maximum 7 on the Judicial Independence indicator by the World Economic Forum) has led to the growth of the shadow economy which accounts for 53% of country's GDP (UN 2006). According to the head of State Tax Agency, 70% of working-age population work in the informal (unofficial) sector.

Kyrgyzstan is the member of WTO and is planning to become a member of the Customs Union (currently consisting of Russia, Kazakhstan and Belarus) which will have a negative impact on the economy in the short-term but should benefit Kyrgyzstan in the long run according to experts.

Currently the parliament and the president are exercising their influence over the government which as a result deals with short-term economic and social issues leaving out long-term plans. The effects of the global economic crisis, protracted economic stagnation, shrinking trade and agricultural production coupled with political instability will have lasting impacts on vulnerable groups, including women and children. Despite these challenges the government has committed itself to not delay important reforms in key sectors nor reduce social spending.

About maternal and child health:

Although the health care physical infrastructure is well present in all regions of Kyrgyzstan, a study carried in 2009 revealed that two thirds of hospitals were built more than 25 years ago. Most hospitals do not have running hot water, central heating or sewage system. Shortage of professionals, equipment and medication, low quality of services affect the level of maternal and child health and mortality in the country.⁵ WHO reports that Kyrgyzstan looks set to miss the MDG 5 target.⁶

Maternal mortality is still high, at 69.1 deaths per 100,000 live births (in Kazakhstan it is 51⁷), indicating inadequate quality of care for women during pregnancy, labour, delivery and the post-partum period. Most common causes indicated were hypertensive disorders in pregnancy (40%), obstetric bleeding (21.5%) and septic complications. One third of women who died in childbirth in 2009 had not received antenatal care from medical workers. Many women of childbearing age suffer from anaemia and poor nutrition.⁸ Maternal mortality is 1.5 to 2 times higher in district hospitals and remote mountainous areas. Seventy per cent of maternal deaths are preventable. Poverty is one of significant factors affecting the number of deaths. (See Annex 4 for dynamics in maternal mortality rate in several countries.)

Despite recent progress in service provision, 38 children out of 1,000 die before reaching the age of 5 (comparing to 23 on average in CIS or to 5 in the UK), but MDG 4 is likely to be within reach (25 deaths per 1000 live births in 2015). The infant mortality rate stands at 27 deaths out of 1,000 according to the World Bank data. Birth asphyxia, prematurity, congenital malformations and infections are the most common underlying causes of neonatal mortality.⁹ Another cause of higher

⁵ UNICEF: Situation assessment of children in the Kyrgyz Republic, 2010

http://www.unicef.org/kyrgyzstan/Situation_analysis_ENG.pdf

⁶ WHO and NICEF report 2012: Countdown to 2015. Maternal, newborn and child survival.

<http://www.countdown2015mnch.org/documents/2012Report/2012-complete-no-profiles.pdf>

⁷ World Bank: maternal mortality ratio <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>

⁸ UNICEF: Situation assessment of children in the Kyrgyz Republic, 2010

http://www.unicef.org/kyrgyzstan/Situation_analysis_ENG.pdf

⁹ See above.

child and infant mortality in Bishkek and Osh (2 largest cities) is that children in critical health conditions are transported in from remote areas which often results in deaths. An additional factor is the large number of internal migrants living in poor conditions.¹⁰

Young children suffer from stunting, low birth weight and micronutrient deficiencies. Over 4.5 per cent of children nationwide are underweight, more than 1.5 times higher than the Millennium Development Goal 1 target. Undernutrition constitutes 22% of all under-five deaths, approximately 1,547 deaths annually, including neonatal deaths. Iodine deficiency is widespread.

The burden of parasitic worms is 50 per cent or more among the general population and 75 per cent among school-aged children. Causes include limited access to safe drinking water, inadequate sanitation facilities and poor hygiene practices. 11.8% of the population had no access to clean drinking water, and access was poorer in remote and mountainous areas.¹¹

Kyrgyzstan officials and international organizations report high immunization coverage between 90 and 95%.

The government has set out plans to reform the social and healthcare sector to make it client-centred by actively involving civil society and experts.

Table 1: Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR), and Maternal Mortality Rate (MMR).

	2000	2003	2005	2006 MICS	2007	2008	2009	2010	2011
IMR < 12mos	61.3	59.0	58.0	38.0	33.0	27.1	25	28	27
U5MR <5 yrs			45.0	44.0	42.0	31.5	29.3	32	31
MMR	110.0		150.0	104.0		55	63.5	71	69.1

Source: Data for 2000-2007 by UNICEF, 2008-2009 by UN/UNDP (2nd MDG report), 2010-2011 by World Bank

About children with disabilities and their families:

According to the Ministry of Social Development there are more than 133,000 registered persons with disabilities including over 23,500 children with disabilities (under 18).¹² This is nearly 3% of the total population and significantly below figures on disability in Europe where it varies between 11% and 30%. WHO estimates that 7-10% of the world's population have disability. Some experts point out that the actual number of children is at least higher on 20-30% which is likely caused by various barriers to registration. 66% of persons with disabilities live in rural areas. EFCA in its 2010 study states, "[p]eople with disabilities and their families face many barriers in accessing basic services, most significantly education, health services and social protection – and those with intellectual

¹⁰ Consolidated 3d and 4th reports of the Kyrgyz Republic in accordance with the Convention on the Child's Rights to be presented in 2010 (3-й и 4-й доклады КР, представляемый в соответствии со статьей 44 Конвенции о правах ребенка, подлежащий представлению в 2010 году)
http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-KGZ-3_4_ru.pdf

¹¹ Government of the Kyrgyz Republic and UNICEF Country Programme Action Plan, 2012-2016 (CPAP 2012)
http://www.unicef.org/kyrgyzstan/CPAP_2012_2016_English.pdf

¹² By Deputy Minister of Social Development <http://www.mlsp.kg/news/457----133-----html> and the Minister of Education

disabilities fare worst of all.”¹³ Research by local and international organizations conclude that children with disabilities particularly those placed in the boarding institutions are one of the most vulnerable groups in Kyrgyz society.

A leading cause of disability over the recent years among children are diseases of the nervous system, followed by congenital abnormalities, and mental disorders. It has to be noted that 56% of children under 18 have a disability due to inadequate family planning services and early intervention for women of childbearing age, as well as poor quality of obstetric services.¹⁴ A recent HealthProm’s study¹⁵ of 748 households in the Talas region has found out that children with disabilities have low access to medical, educational and social services.

Early intervention and qualified support is almost inexistent except for some isolated (such as genetic scanning) and fragmented services usually concentrated in large cities, and mostly in the capital. There is an acute shortage of medical professionals able to diagnose and work with disabilities. For instance, in 2010 there were two child psychologists and seven psychiatrists and all in the capital¹⁶. Medical and social expert consultations (MSEC) under the Ministry of Social Development that give a disability status are often inaccessible and corrupt, ill equipped and inadequate in their attitudes and examinations.¹⁷ The EFCA study has found out that, “...the families interviewed ...rated the medical care they received from the government lower than 1 on a scale of 0 to 10.”

Psychological-medical and educational commissions (PMEC) of the Ministry of Education are the country’s legacy of Soviet rule although the Japan Fund for Poverty Reduction has recently provided some technical support (equipment and training). Those commissions decide whether a child with disability is able to study at an ordinary school. There are only 16 PMECs all over the country and they work irregularly. According to the Ministry, 40 pilot schools covered 10,925 children with disabilities by inclusive education that is 46,4% of all registered children with disabilities¹⁸, therefore over half of children with disabilities do not receive any education.

Disability benefits depending on disability vary between 1,500 (21 GBP¹⁹) and 3,000 (41 GBP) som per month which is less than the minimum consumption level of 4609 som (64 GBP) and the average monthly salary of 8790 som (121 GBP) according to the National Statistics Committee for 2011. The government provides free monthly medication for 500 som (7 GBP) for each registered child with a disability and local pharmacies should provide 50% discount on certain medicines which are usually expensive. In reality parents have to buy them at cost price and many families can’t afford costly medicines on a regular basis. Quality and the origins of medicines are another issue.²⁰

Kyrgyzstan has advanced legislation on disability but it lacks and often has no funding and mechanisms for its implementation and monitoring; a systematic and interdisciplinary approach to disability issues is being pushed to agenda. The country’s physical infrastructure is still largely inaccessible for persons with disabilities although there are efforts made within some different

¹³ EFCA Scoping study: Access to Basic Services for Children with Intellectual Disabilities in Kyrgyzstan. August 2010.

¹⁴ The Strategy on Development of Social Protection in the KR 2012-2014

¹⁵ HealthProm: Evaluation of the disabled children’s access to basic services in the Talas region. 2012.

¹⁶ L.Kachibekova, deputy Minister of healthcare, 2010 <http://www.for.kg/ru/news/131891/>

¹⁷ According to MSEC 10% of registered children in the Talas region had intellectual disabilities (HealthProm’s research 2012), whereas the visit of doctors to the region has identified that 80% of examined children (out of nearly 300) had intellectual disabilities.

¹⁸ This figure also includes children in special schools, kindergartens and boarding schools which is not considered to be inclusive education by international definitions. <http://edu.gov.kg/ru/presscentr/novosti/139-inkluzivnoe-obrazovanie-puti-i-perspektivy-razvitiya.html>

¹⁹ Exchange rate 1 GBP = about 73 som

²⁰ Knews.kg: Burul Makenbaeva: Irrational use of medicines leads to the fact that they no longer resist germs and bacteria (Бурул Макенбаева: «Нерациональное использование лекарств приводит к тому, что они перестают действовать на микробы и бактерии») <http://www.knews.kg/ru/society/6956/>

projects run by international organizations and the government, and these are usually confined to buildings (such as a number of piloted schools throughout the country or municipalities in the capital). Despite the problems the main obstacle to integration of children into society is discrimination and stigma rooted in the medical model of disability.

Nevertheless, disability and parent-led NGOs in Kyrgyzstan are becoming the strongest ones in Central Asia (and perhaps in CIS) and they now lobby for UN Convention on Persons with Disabilities Rights' ratification (it was signed in 2011), compensation for parents, further improvements in current legislation and even have a representative in the parliament. The adoption by the government of the first national Strategy on Development of Social Protection has been largely attributed to NGOs.

About children in institutions or at risk or being institutionalised:

A recent nation-wide research by UNICEF²¹ confirms previous own studies and by other international (Save the Children, EveryChild) and local NGOs (Youth Human Rights Group, the League of Children's Rights Defenders) that in general children in state residential institutions face inadequate conditions, attitudes, and services. This situation has not changed since 2001 when a first study was conducted by UNICEF. The recent study has found out that there are 117 institutions²² including private ones housing 10,908 children²³. At least over 3,000 children with disabilities²⁴ live in twenty one institutions.²⁵

According to UNICEF, 97% of children have both or one parent²⁶, and only 12% ideally fit the institutions' requirements (orphans, abandoned, parents in prison or they deprived of parental rights). The death of a parent (22%) and difficult financial conditions (21%) are the main reasons of institutionalization of children, followed by parental divorce, single mothers, work-related migration of parents, remoteness from school and an opportunity to get education (and food). Kyrgyz children account for 83% of total children placed in the institutions. The average number of children being admitted annually for the last 5 years is about 1,465 children.

The overall annual budget of all children's institutions is close to half a billion som²⁷ or nearly 41,000 som of government funding per each child. However the Deputy Minister of Social Development has said that one child receives only 3% of the allocated funds.²⁸ A study by the League of Children's Rights Defenders estimates that between 4,000 and 11,000 som are monthly spent on each child but in practice only 210 som are spent on a child²⁹. A government established limit for meals per child per day is 65 som, whereas an average cost of inexpensive lunch is about 120 som. The

²¹ Most information under this topic is based on UNICEF report: Analysis of the situation of children's residential institutions in the Kyrgyz Republic (2012)

http://www.unicef.org/kyrgyzstan/ANALYSIS_OF_THE_SITUATION.pdf

²² The precise number of institutions and children was debated. Relevant Ministries and the National Statistics Committee would give different numbers between 60 and 100. During the Soviet times there were 26 children's institutions. The UNICEF research states that it discovered 46 more institutions.

²³ Although children under 18 should be living in the children's institutions but the study identified some children who were well beyond that age.

²⁴ UNICEF report: At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia.(2010) <http://www.unicef.org/protection/Web-Unicef-rapport-home-20110623v2.pdf>

²⁵ The Ministry of Education has 15, the Ministry of Social Development – 3, and the Ministry of Healthcare – 3.

²⁶ 88% of all children, according to the study, have both parents.

²⁷ Annual budgets of Ministries of: Education – 375 million som for 24 institutions, Social Development – 43 million for 3 institutions, and Healthcare – 25 million for 3 institutions.

²⁸ Kyrtag.kg: Kyrgyzstan will close orphanages because of lack of funding (В Кыргызстане закрываются интернаты из-за нехватки средств) <http://www.kyrtag.kg/?q=ru/news/23865>

²⁹ Source: the League of Children's Rights Defenders, 2009.

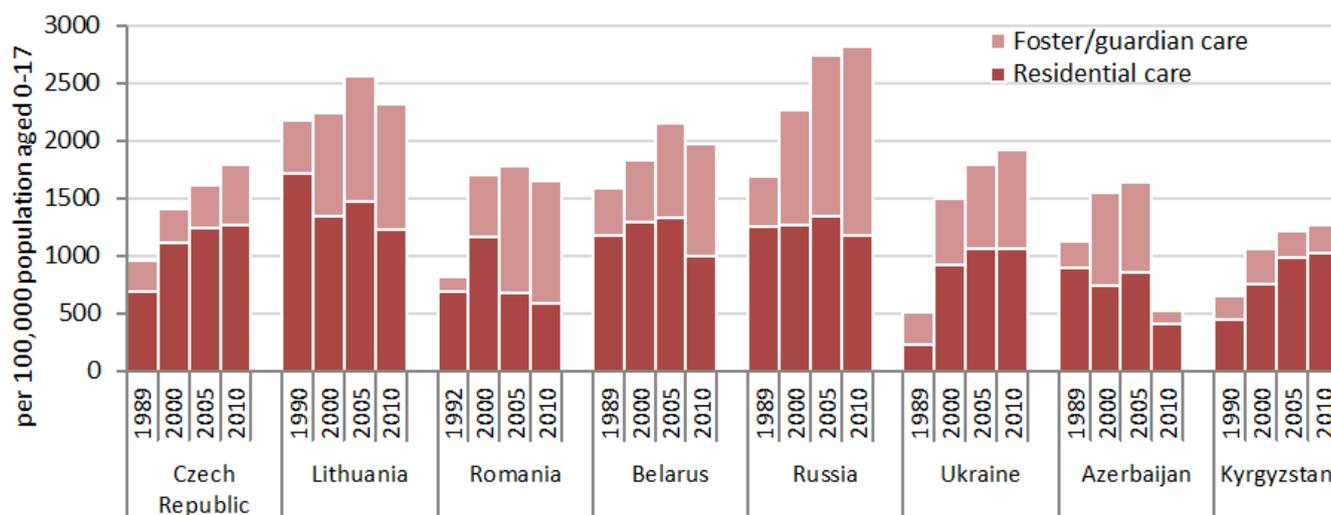
UNICEF study says that 70% of institutions' budgets cover administrative expenses and buildings' maintenance.³⁰

Nearly half of institutions are located in the capital and the Chuy province (where the capital is situated), with majority of children in all institutions being placed far from their families. Incorrect diagnoses and faulty referrals³¹ of children to institutions bypassing the Family and Child Support Departments (FCSD) and the Commission for Children's Affairs (CCA) are the norm. The institutions work in upkeeping children rather than rehabilitating them or preparing to independent life with all boarding schools focusing on academic rather than social skills. Poor conditions in general, low staff salaries, virtual absence of monitoring, lack of or no professionals and negative attitudes contribute to widespread corruption and violence against institutionalized children, particularly with disabilities.

Graph 1. Rate of children aged 0-17 living in residential institutions or in foster/guardian care

MORE CHILDREN IN FAMILY BASED CARE THAN BEFORE, BUT INSTITUTIONALISATION CONTINUES TO BE WIDESPREAD

Rate of children aged 0-17 living in residential public care institutions or in foster/guardian care in selected CEECIS countries, 1989, 2000, 2005 and 2010



Source: UNICEF, TransMONEE 2012

Critical problems in institutions and NGOs have finally forced the government to start reforms in this sector beginning essentially in 2012. New legislation is being considered or adopted on foster care, compensations for parents, gatekeeping mechanisms, funding existing or opening pilot day care centres, closing or transforming residential institutions. There are officials in all levels who directly or indirectly oppose the reforms. However the government is determined and is planning to close at least 3 or 4 children's residential institutions by the end of 2012 by placing children into foster care or transferring them to institutions close to the capital where they can receive better services than in remote areas.

³⁰ The Ministry of Social Development informs that only 3% of the Ministry's institutions' funding is spent on children. <http://www.kyrtag.kg/?q=ru/news/23865>

³¹ Some institutions accept children based on an application of a parent or they get children out of street. Source: the League of Children's Rights Defenders and UNICEF.

Other related areas:

HIV/AIDS among vulnerable groups

According to WHO/UNAIDS, Kyrgyzstan remains among the 25 countries worldwide where HIV/AIDS is spreading most rapidly. UNAIDS estimates that the number of people living with HIV/AIDS is about 9,800, of those women aged 15 and over is on average 2,800.³² According to official data³³, as of September 2012, there were 4,417 registered HIV-positive cases (a five-fold increase from 826 cases in 2005), with 130-160 new cases reported annually since 2001. However, experts estimate that there are approximately 11-12 thousand people with HIV. Eighty percent of all registered cases are between 20 and 30 years of age. Studies conducted by UN experts revealed that 70% of young people in Kyrgyzstan either do not know anything about AIDS or have only a rudimentary knowledge.

The Ministry acknowledges that despite all the efforts the epidemiological situation of HIV infection continues to worsen. As of April 2012, there has been an increase in HIV infections among children with 414 cases of which 29 have already died.³⁴ At least 264 children were residents of Osh region with majority of them being infected at the hospitals in Naukat and Karasuu districts.³⁵ Of those only over 200 receive anti-retroviral therapy. Women account for 41% of all cases. The Ministry reports that HIV testing covers 80-90% of pregnant women. As a result of protests in front of the parliament's building, 321 women with HIV had received financial compensation in addition to monthly benefits of 3,000 som. Most families with HIV infected children fall apart with children usually staying with their mothers.³⁶

HIV is spread in the following ways: parenteral - 2819 cases (68.4%), including injecting drug users (IDUs) - 2519 (61.1%), sexual - 1163 (28.2%), vertical (mother-to-child) - 119 (2.8%) and unidentified 20 (0.6%). There is a sharp increase in the proportion of sexual transmission from 4.5% (2001) to 28.2% (2011), according to the Ministry. Most patients are residents of the northern Chui region (1130), Bishkek (628), or the southern Osh region (877) and Osh city (797).

Currently there is no precise data on HIV cases among migrants though various sources indicate that this number is on the rise. Returning migrants with HIV infect their spouses thus enabling HIV-infection to spread beyond usual vulnerable groups (drug users, sex workers, etc.)

Despite significant external funding and support, lack of governmental funding, concentration of activities in two largest cities of Bishkek and Osh, poor interagency coordination and communication, low capacity of governmental organizations and brain drain due to migration and low salaries, lack of professionals and adequate training have all contributed to weak implementation of good policies and strategies.³⁷

³² UNAIDS: Kyrgyzstan <http://www.unaids.org/en/regionscountries/countries/kyrgyzstan/>

³³ Pozlive.org: data of the AIDS Republican Centre under the Ministry of Healthcare

<http://pozlife.org/2012/09/17/situatsiya-po-vich-infektsii-v-kyrgyzskoy-respublike-na-1-sentyabrya-2012-goda/>

³⁴ The Ministry of Healthcare: Functional analysis of health care organizations, providing HIV-related medical services <http://www.med.kg/Articles/ViewSection.aspx?ArticleID=385>

³⁵ Radio Freedom: HIV/AIDS threatens the Kyrgyzstan's population

http://rus.azattyk.org/content/kyrgyzstan_aids_2011/24327627.html

³⁶ Voice of Freedom: The government remains indifferent to the fate of families with HIV-infected children

<http://vof.kg/?p=3826>

³⁷ According to available data, HIV issues get about \$6-10 mln and over of annual international funding for 4,417 registered HIV-positive people (0,1% of total population) whereas disability issues get less than \$1 mln of annual (not every year) international funding for over 130,000 registered people with disabilities (3% of total population).

Vulnerable children

UNICEF reports, over 36% of children in Kyrgyzstan live below the poverty line and 7% live in extreme poverty. Access to state guaranteed services is difficult or denied for children of migrants, refugees, and non-citizens. Almost every second child (aged 0,6 – 12) in rural areas has anaemia. 6% of children do not attend schools³⁸. A joint study by the Ministry of Education and UNICEF in 2007 reported over 40,000 children not attending schools; latest data, according to experts and NGOs, inform about 120,000 not receiving (regular) education. The quality of education is very low which was confirmed by a recent international testing when Kyrgyzstan children ranked last. This situation continues to worsen. The Ministry of Social Development informs that the number of working children, children in conflict with the law, children without identity documents is on the rise.³⁹ According to the UN High Commission for Refugees, the majority of over 17,000 people without documents and those at risk for homelessness are females or minors⁴⁰. As a result, it is often impossible to register a marriage or the birth of a child, to travel within Kyrgyzstan and overseas, to receive pensions or social allowances, to own property or to start a business, to access education or medical and social services.

Children of Kyrgyzstan face various types of maltreatment. According to UNICEF, 72.2% of children abused in or neglected by their families were also subject to verbal abuse (51%), 38.7% experienced psychological violence, and 36.6% of children were exposed to physical violence and 1.6% were sexually abused.⁴¹

Interethnic mass violent conflict in the south of the country in June 2010 by UNICEF estimates affected directly or indirectly 400,000 children.⁴² Although international and government funding poured in the area during post-conflict reconstruction, it is unlikely that most children have been covered by rehabilitation and support programmes due to funding mainly going for reconstruction and infrastructure and available funding and social projects so far do not offer long-term solution to interethnic tensions that still exist and will prevail for the years to come.⁴³

The weakening family institute, no integrated safety and support system, no aggregated data on any issue, no preventive and early intervention strategies worsen the situation with children despite advanced legislation, donor funding and working NGOs.

So far over 30 ratified international treaties as well as the national legal framework have fundamentally done little to stop the situation with children in Kyrgyzstan from deteriorating over the years.

³⁸ UNICEF: Situation assessment of children in the Kyrgyz Republic, 2010

http://www.unicef.org/kyrgyzstan/Situation_analysis_ENG.pdf

³⁹ Kyrgyztoday.kg: In Kyrgyzstan, the number of children not enrolled increased by 21% (В Киргизии за год число не обучающихся детей выросло на 21%)

<http://kyrgyztoday.kg/ru/obshchestvo/item/5783-v-kirgizii-za-god-chislo-ne-obuchayuschih-sya-detey-vyroslo-na-21.html>

⁴⁰ UNHCR, A Place to Call Home: The Situation of Stateless Persons in the Kyrgyz Republic, 2009

<http://www.unhcr.org/4b71246c9.html>

⁴¹ UNICEF: Child Abuse and Neglect Report, 2009

http://www.unicef.org/kyrgyzstan/Child_abuse_and_neglect_report_Robin_Final.pdf

⁴² UNICEF: Situation assessment of children in the Kyrgyz Republic, 2010

http://www.unicef.org/kyrgyzstan/Situation_analysis_ENG.pdf

⁴³ UNCHR: Conflict Legacy Haunts South Kyrgyzstan

<http://www.unhcr.org/refworld/topic.45a5199f2.465575a62.4df720c22.0...KGZ.html>

Street children and child labour

The League of Children's Rights Defenders informs that currently there are over 10,000 street children although some experts believe the number is higher.⁴⁴ Over 80% of street children are products of internal migration reports the Children's Rights Portal. The main reason cited was difficult financial hardships faced by their families, internal migration and high unemployment in rural areas. The same reason forces nearly 50,000 children to work, which makes 50% of them drop out of schools.

The Child Protection Centre NGO (CPC) estimates that 15-20% of street children are homeless and abandoned by their families, and the rest 80-85% are working children. Street children are mostly boys whereas there is more equal gender distribution among working children. CPC workers mainly finds children from 12 to 18 years although over the recent years meeting children as young as 2-3 does not sound new any longer. Many children have tried and drink alcohol, drug dependent (mainly sniffing glue).

The government's response to the problem generally is limited to two centres for social adaption in Bishkek and Osh where street children taken to by the police of the Inspectorate for underage children. They usually stay there for about a month and during this time should be either sent home or to a boarding institution. Nobody there deals with children's dependence on alcohol and drugs. Human rights activists say that there is no strategic and systematic approach to this growing problem.⁴⁵

The National Statistics Committee with the help of the International Labour Organization estimates that in 2010 there were 672,000 working underage children, of those 592,000 were employed in work which was not acceptable for their age and development. In other words, working children accounted for 88.1% and 40.3% among 5 and 17 years old. Boys make 57.9% of all working children. The vast majority of children work for their families as free working force (95%). They are mostly involved in farmwork (76.4%). An analysis of the working conditions found that 21.3% of employed children were exposed to different hazards in the workplace. Most of them (74.6%) were exposed to dust / smoke, 35.7% to extreme heat or cold, and 15% to harmful effects of gas or fire.⁴⁶ The Association of NGOs for child protection adds that 68% of such children work without days off, 4% admitted that they experienced sexual harassment, 24% said that they had been deceived by their employers, and 30% reported they did not like their job.⁴⁷

Child labour and participation of children in farmwork together account for almost 40% of children's absenteeism at schools.⁴⁸ Although the law prohibits employing children younger than 16, the Ministry of Social Development reports insignificant number of cases of its violation. Traditions and poverty are barriers to right understanding of this issue by wider society.

Underage commercial sex workers

According to Tais plus NGO there are about 10,000 commercial sex workers in Kyrgyzstan. Adult commercial sex is decriminalized in the country. Kyrgyzstan legislation in the respect is in accordance with international law. Ecpat report (2008) estimates that between 10-12% of those

⁴⁴ Knews.kg: There are over 10,000 homeless children in Kyrgyzstan (В Кыргызстане живут более 10 тысяч беспризорных детей) <http://www.knews.kg/ru/society/21929/>

⁴⁵ CIS-News.info: According to UNICEF estimates, there are 6,000 street children in Kyrgyzstan, other estimate - 20 thousand (По оценкам ЮНИСЕФ, в Кыргызстане 6 тыс. уличных детей, по другим оценкам - 20 тыс). <http://www.cis-news.info/read/69839/>

⁴⁶ ILO: Activities to eliminate child labour in Kyrgyzstan http://www.ilo.org/public/russian/region/eurpro/moscow/info/publ/ipec/factsheet_kyr.pdf

⁴⁷ Knews.kg: 68% of working children work without fays off (68 % работающих детей в Кыргызстане работают без выходных) <http://www.knews.kg/ru/society/11780/>

⁴⁸ UNICEF: Out of school children, 2008

involved in commercial sex are underage,⁴⁹ with 20% of underage girls being involved in commercial sex activities in the capital according to local NGOs. Boys aged 12 to 16 are increasingly being involved in the business. NGOs and officials report about the increasing numbers of sexual violence and harassment against children. Of all rape cases reported to police in 2006, 13 percent against girl-children (35 cases). Of cases of sexual torture registered with the policies, 7 percent against girl-children. In cases of forced actions of sexual nature: of all incidences registered, 22 percent against girl-children.⁵⁰

It's interesting to note according to National Statistics Committee data, 35 percent of urban women and 25 percent of rural women indicated that they did not believe sexual violence to be a crime. Furthermore, 30 percent of women who had experienced an attack or threat of a sexual nature did not consider the occurrence to be a crime.⁵¹

Girl-children are at risk of sexual violence in Kyrgyzstan in other ways, vis-à-vis forced employment as commercial sex workers. In the southern regions of the country, it is not uncommon for sex-workers to be as young as 15 or 16 years of age. Research data indicates that 12 percent of street sex workers and 21 percent of organized sex-workers are under 18 years of age. The exploitation of children in the commercial sex market is a problem mainly confined to urban areas. However, experts suggest that the majority of young women employed come from rural areas.⁵²

Abductions and Bride kidnapping

The tradition of bride kidnapping nowadays is common in the country although it is illegal by law. According to the Equality Now international NGO, there between 11,500 and 16,500 kidnappings happening every year.⁵³ Kidnappings of women and girls - some as young as 12 years old - for forced marriage are carried out by groups of men who capture a woman through physical force or deception and take her to the home of the intended groom. Domestic violence and kidnapping for forced marriage is not considered by law enforcement officials as serious crimes.⁵⁴ 57% of women and girls in rural areas were abducted without their consent.

Islamic leaders in Kyrgyzstan emphasize repeatedly and publicly that a Muslim marriage must be contracted by mutual consent. In practice, however, no mullah ever asks whether the couple whose marriage he has to formalise according to Islamic law are in love, or have only just met.

Poverty appears to be the main cause of this social phenomenon. Parents often see that marriage will offer a solution to their financial problems. The government of Kyrgyzstan has an obligation under the Convention on the Elimination of Discrimination against Women and relevant national laws to prevent violence against women, including domestic violence and abduction, authorities largely ignore the law, with the most common justification being "tradition."

⁴⁹ Ecpat: Global Monitoring Report on the status of action against commercial sexual exploitation of children in Kyrgyzstan, 2008 http://www.ecpat.net/A4A_2005/PDF/Europe/Global_Monitoring_Report-KYRGYSTAN.pdf

⁵⁰ CEDAW Alternative Report. NGO Board, 2008

⁵¹ Sample survey "Learning of popular opinion of issues of current status of women in the society, ensuring gender equality between men and women, problem of violence against women"// Compilation: Women and Men of the Kyrgyz Republic" - NSC, 2007

⁵² See above reference

⁵³ For.kg: Bride kidnapping in Kyrgyzstan: gender duel (Кража невест в Кыргызстане: гендерная дуэль). <http://www.for.kg/news-174259-ru.html>

⁵⁴ Human Rights Watch: Kyrgyzstan. Reconciled to Violence. State Failure to Stop Domestic Abuse and Abduction of Women in Kyrgyzstan. 2006 <http://www.hrw.org/sites/default/files/reports/kyrgyzstan0906webwcover.pdf>

Migrants

Poverty and unemployment have forced thousands of rural families or their members to migrate for work within (to large cities) or outside the country, mainly to Russia and Kazakhstan. The Ministry of Employment and Migration states that there are 590,000 external labour migrants (80% of whom go to Russia), which is 20% of total labour force and 46% of whom have already adopted Russian citizenship.⁵⁵ UNICEF reports, "...many children are left with relatives, often grandparents, who may find it difficult to meet the material and emotional needs of the growing children, many of whom are thus placed in residential institutions. In some cases, children whose parents have migrated abroad can face problems in obtaining legal documentation, including internal passports and other identity documentation."⁵⁶

Another growing problem of internal migration, UNICEF continues, is "...children living in many of the several dozen spontaneous new-build settlements around Bishkek, where families live in unauthorised houses sometimes in hazardous areas, with poor, if any, access to energy, communications, healthcare and education provision. Because of lack of registration of families, many children in such areas lack birth documentation. USAID estimates that 37,000 of the more than 300,000 people living in the new-build settlements do not have residence registration and are therefore ineligible for a wide range of..."⁵⁷ social, medical and educational services. Obviously, this all leads to higher rates of child mortality among migrants' families.⁵⁸

The government together with support from local NGOs and international donors have developed plans and strategy on dealing with migration issues but due to political events during 2010-2012 have not adopted them.⁵⁹ After series of shake-ups and renaming since 2000, in 2012 migration issues were transferred to the Ministry of Foreign Affairs.

⁵⁵ Tazar.kg: The rights of labour migrants from Kyrgyzstan: How to develop an effective policy? (Права трудовых мигрантов из Кыргызстана: Как выработать эффективную политику?)

<http://tazar.kg/index.php?dn=news&to=art&id=2470>

⁵⁶ UNICEF Situation Assessment of children in the Kyrgyz Republic, 2011

http://www.unicef.org/kyrgyzstan/Situation_analysis_ENG.pdf

⁵⁷ See above

⁵⁸ Consolidated 3d and 4th reports of the Kyrgyz Republic in accordance with the Convention on the Child's Rights to be presented in 2010. (Косолидированный 3-й и 4-й отчеты КР, представляемый в соответствии со статьей 44 Конвенции о правах ребенка, подлежащий представлению в 2010 году)

http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-KGZ-3_4_ru.pdf

⁵⁹ The national programme on regulation of migration and employment in crisis (2010-2012) and the plan of activities on regulation of migration and employment in crisis (2010-2012).

Key Policy Documents:

Relevant country policy documents (eg PRSP, Health Strategy etc) – list docs, add synopsis of essential parts, provide links to full documents

Key Policy Documents	Relevant essential parts
<p>Kyrgyz Republic: Medium-Term Development Program— Poverty Reduction Strategy Paper (PRSP) 2012-2014</p> <p>http://www.imf.org/external/pubs/ft/scr/2012/cr12112.pdf</p>	<p>This document reveals prospective and mid-term priorities of development of the Kyrgyz Republic for the years 2012-2014.</p> <p>6. Aim of the Medium-Term Program is to put economy of the country into sustainable vector of development and improve the budget status in order to prevent social effects, increase living standard and reduce poverty in the country. This document focuses on following areas of development:</p> <ul style="list-style-type: none"> (i) reform of the governance system and combat against corruption; (ii) faster promotion of economic priorities through startup and implementation of the big national projects; (iii) renew the policy of state asset management; (iv) increase effectiveness of the policy of social development and poverty alleviation. <p>7. Implementation of the reforms anticipated by the Program will help to reduce deficit of the state budget, enhance fight against corruption, improve living standard and decrease social tension in the society. Business environment will be oriented towards recovery and strengthening of good investment climate in the country, state regulation free from bureaucratization and provision of economic freedom to the economic entities.</p> <p>10. It is necessary to carry out reforms in the social sphere as well. Consequences of the world economic crisis of 2009 and events in 2010 led to decrease of living standard, and poverty level was increased from 31.7% to 33.7%. Today, the state distributes limited resources of the budget inefficiently; social support is not provided in targeted way. As a result, state support of that category of people who are in urgent need, is insufficient. It is necessary to define clearly the objects of the state protection and provide actual social support and protection, and not declarative one.</p> <p>245. Therefore this Program is aimed at implementing objectives tied to the creation of conditions in which the private sector will be able to develop, prosper, and provide the jobs necessary to raise incomes and reduce poverty. Along with this, the state will concentrate its efforts on social development, applying more productive and effective approaches to social protection policy and to genuine care for the people in society who are in need of basic necessities.</p> <p>388. As a result of the Program implementation, following main results will be achieved:</p> <ul style="list-style-type: none"> (i) acceleration of the GDP growth from 5,7% in 2011 to 7,5% in average a year; (ii) poverty alleviation in the country from 33,7% in 2010 to 28% in 2014; (iii) reduction of the budget deficit from 5% of GDP in 2011 to 2.6% of GDP in 2014; (iv) it is forecasted that inflation rate will not exceed 10% in 2012-2014; (v) due to the big national projects, the foreign investments will be attracted; (vi) decreased interference of the state in business regulation, brining to minimum inspections and checks, improvement of interaction between the business and power; (vii) partnership and participation of the civil sector in the most

	important political decision-making on the country development issues.
<p>The Social Protection Development Strategy for 2012-2014</p> <p>open.kg/upload/law/strategy_socpro2012.doc</p>	<p>This is a first strategic document in country's history which reflects a comprehensive vision of the future of the social sector development, designed to ensure building an effective and fair system of social protection in the country. During its development PRSP, international treaties and UN Conventions were taken into account.</p> <p>The strategy is aimed at vulnerable persons who cannot have a decent living for themselves and their family due to age or disability, these are: persons with disabilities, families and children in crisis, the elderly, and at risk (homeless).</p> <p>During the first year (2012) the strategy focuses on the development and improvement of the regulatory framework - this will be done by involved specialists (staff), and will not require additional financial resources.</p> <p>During 2013-2014, the strategy's implementation priorities:</p> <ul style="list-style-type: none"> - Increasing social benefits (payments), - Development of alternative social care services, creating conditions for establishing a network of private institutions that provide social services, especially at the local level, - Deinstitutionalization of residential care institutions, a maximum reduction in the number of people living in them, - Socialization and integration of vulnerable groups into society, - Development and extending the role of social workers. <p>Among activities to be mentioned:</p> <ul style="list-style-type: none"> - increasing responsibility before law of the heads of residential institutions for children under their jurisdiction, - improving adoption mechanisms by local and international parents, - development of a regulatory framework for day care centres, - development of a regulatory framework for foster care, - development of single database of children with disabilities, - prepare justification for UN Convention on Disabled Persons' Rights ratification, - compensation for parents/carers of children with disabilities.
<p>National Programme on Healthcare Reforms "Den Sooluk" 2012-2016</p> <p>http://www.gov.kg/?p=10909</p>	<p>National health care reform program of the Kyrgyz Republic "Den sooluk" (Health) for 2012-2016 is a logical continuation of the previous National Programmes "Manas" (1996 -2005) and "Manas Taalimi "(2006-2011).</p> <p>Building on the achievements of the "Manas" and "Manas Taalimi", and the basic principles of the World Health Organization (WHO), the program aims to provide universal coverage of quality health care and preventive services, and care for the population regardless of social status and gender.</p> <p>Based on the causes of morbidity and mortality in the country and Kyrgyzstan's obligations according to the Millennium Development Goals, "Den Sooluk" will focus on four priority areas for health improvement over the next five years:</p> <ul style="list-style-type: none"> - Cardiovascular diseases - Maternal and Child Health - Tuberculosis - HIV / AIDS <p>Relevant outcomes. Expected improvements in Maternal Health:</p> <ul style="list-style-type: none"> • the number of pregnant women with severe anemia reduced by 10% by 2014 and by 20% - to 2016,

	<ul style="list-style-type: none"> • eclampsia reduced by 20% by 2016, • cases of postpartum septic complications using surgery reduced by up to 20% by 2016, • postpartum bleeding using surgery reduced by 20% by 2016, • coverage of women of reproductive age using modern methods of family planning increased by 10% by 2016. <p>Expected improvements in Child Health:</p> <ul style="list-style-type: none"> - prevalence of anemia among children under 5 reduced by 10-15% by 2016, - primary vaccination of children under 2 maintained at the level of at least 96% of total population of children under 2, - the number of children with diarrhea who received oral rehydration therapy increased by 20% by 2016. <p>Expected improvements in HIV / AIDS:</p> <ul style="list-style-type: none"> - The share of key population tested for HIV and informed of their results is 80% by 2016 (35% in 2010), - Reducing the vertical transmission of HIV infection to 3% by 2016 of all births (in 2009 – 8.3%), - The share of people living with HIV who continue to receive ART 12 months after its start (2010 – 50%).
<p>The Education Development Strategy 2012-2020</p> <p>http://edu.gov.kg/ru/normativnopravovaja-baza/postanovlenija/240-postanovlenie-pravitelstva-kyrgyzskoj-respubliki-ot-23-marta-2012-goda-n-201-o-strategicheskikh-napravlenijah-razvitija-sistemy-obrazovanija-v-kyrgyzskoj-respublike.html</p>	<p>Education Development Strategy in the Kyrgyz Republic for 2012-2020 is based on the vision and development of the country, and is also aimed at achieving the objectives of the global programmes "Development of the Millennium" and "Education for All".</p> <p>The main strategic goal of education reform in the medium term will be the formation of the basic framework for good quality results oriented education.</p> <p>To achieve this goal the policy measures of the Government will focus on the following areas:</p> <ul style="list-style-type: none"> - improvement of education system management, - improvement of the efficiency of funding, - changes in educational content and optimization of training of teachers. <p>By 2020 the education system will see the following new features:</p> <ol style="list-style-type: none"> 1) introduction of pre-school education for children who do not attend pre-school organizations; 2) integration of inclusive education into all levels of education, while preserving special schools for children with disabilities; 3) specialized (vocational) education in the 10th and 11th grades (forms); 4) implementation of multi-level training programmes of professional education. <p>For effective use of skills of the system for upgrading qualifications a voucher mechanism will be introduced for its provision. This step will lead to an increase in the number of providers offering services for training, diversity of programs offered, and, as a result, ensuring the quality of education of students.</p> <p>For the formation of a new content of education (curriculum) (iii) the Government will develop or update standards at all levels, from preschool to higher education. The standards of a new generation will provide for the transition to learning based on competencies that form the result-oriented educational system. The Standard "Early childhood education and care after children" puts greater emphasis on social and emotional development of children, formation of a system of values that provide for socialization of a child.</p>

	<p>Expected results:</p> <ol style="list-style-type: none">1) uninterrupted financing of the education system;2) the scope of development programs and education of preschool children increased;3) development a system of short training courses and retraining to meet the needs, especially of the vulnerable and persons with disabilities;4) implementation of competence-based approach to learning - education is focused on results at all levels;5) creating a modern learning environment;6) development of an inclusive, multicultural and multilingual education;7) creating conditions for continuing education;8) development of social partnership at all levels of education and active participation of the public and employers in the educational process;9) creation of a mechanism for effective management and financing of the system; and others.
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The Kyrgyz Constitution recognizes the priority of the international law, and the national legislation regulates their implementation

Kyrgyzstan has ratified over 30 international conventions, including the Convention of Human, Women and Children Rights, Against Violence and Torture, The Hague Convention on Inter-country Adoption and many others (The UN Convention on the Rights of Persons with Disabilities has not been ratified yet but planned for 2013).

Relevant donors and focus:

Donors	Focus
In-country (often int'l donors based in the country)	
<p>Eurasia Foundation in Central Asia (Kyrgyzstan)</p> <p>http://www.ef-ca.org/our-work/?lang=en</p>	<p>Projects in various fields:</p> <ul style="list-style-type: none"> - Post-conflict issues in the south (peace-building, women, grant-making) - Access of children and youth with disabilities to education, access to information re their rights and legal support/protection (as well as for their parents) - Local transparency, budget literacy, access to information - youth projects (cross border initiatives, journalism) - Institutional capacity-building - Research - Grants (usually related to above mentioned issues)
<p>ICCO</p> <p>http://www.icco-international.com/int/results/projects/?projectcontentblockID=106</p>	<p>Supporting independent civil society organizations that battle corruption and improve fair economic development , healthcare and education. ICCO implements and/or provides grants to local NGOs.</p>
<p>Danish Church Aid (DanChurchAid)</p> <p>http://www.danchurchaid.org/project/s/central-asia/kyrgyzstan</p>	<p>DanChurchAid supports the work of local partners to improve the living conditions for the most vulnerable groups of the Kyrgyz society:</p> <p>Socially vulnerable children and youth People who have moved to the larger cities Elderly people</p> <p>In addition, DanChurchAid supports the local partners' efforts to:</p> <p>Influence laws and administration concerning civil registration - propiska Monitor public budgets Educate local organizations Strengthen the cooperation between NGOs and authorities</p>
<p>Soros Foundation Kyrgyzstan</p> <p>http://soros.kg/about-us/about-foundation?lang=en</p>	<p>Currently, the Foundation is working in nine major areas: legal and educational reform, media support, public health, youth, budget transparency, information sphere, public administration and the international cooperation programs of the East-East: Partnership without Borders.</p>
<p>Democracy Commission under the US Embassy to Kyrgyzstan</p> <p>http://bishkek.usembassy.gov/democracy_commission2.html</p>	<p>Grant-making for the following activities:</p> <ul style="list-style-type: none"> • strengthening social partnership and dialogue among government and civil society organizations • raising civic awareness and involvement of the residents of remote rural areas in decision-making process at the grass-roots level • building capacity of youth organizations in the sphere of civic education • support for independent mass media, working in the

	<p>remote rural areas</p> <ul style="list-style-type: none"> • promoting peace and reconciliation among youth
<p>Rotary Club, Kyrgyzstan http://rotarybishkek.kg/eng/</p>	<p>The Rotarians render public benefit services, humanitarian aid work to all needed help to overcome poverty, hunger, environmental degradation, illiteracy and violence.</p>
<p>Megacom company (one of 2 largest mobile phone operators)</p>	<p>Various areas (they usually provide technical support, no cash and grants)</p>
<p>Beeline company (one of 2 largest mobile phone operators)</p>	<p>Various areas (they usually provide technical support, no cash and grants)</p>
<p>Kumtor gold-mining company http://www.kumtor.kg/en/about/</p>	<p>Various areas (they usually provide technical support or purchase needed things/equipment; rarely provide cash and grants and this maybe through int'l agencies such as UN)</p>
International	
<p>DFID http://donors.kg/en/donors/DFID</p>	<p>Besides supporting the Kyrgyzstan government reach MDGs it supports a large regional HIV and AIDS programme by working with the government and int'l agencies.</p>
<p>German Society for Int'l Cooperation (GIZ – used to be GTZ) http://donors.kg/en/donors/giz</p>	<p>GIZ operates in many fields, including economic development and employment; governance and democracy; security, reconstruction, peace building and civil conflict transformation; food security, health and basic education; and environmental protection, resource conservation and climate change mitigation.</p>
<p>Japan International Cooperation Agency (JICA) http://donors.kg/en/donors/jica</p>	<p>Currently JICA carries out activities in six main directions: (1) development of transport infrastructure, (2) agriculture development/local development, (3) human resource development for transition to the market economy, (4) inclusion of persons with disabilities into society, (5) improvement of medical service and (6) regional cooperation promotion among the Central Asian countries. JICA does not usually provide grants.</p>
<p>SWISS COOPERATION OFFICE IN KYRGYZ REPUBLIC (supports and supervises the projects of two Swiss Federal Agencies - the Swiss Agency for Development and Cooperation (SDC) and the State Secretariat for Economic Affairs (SECO). http://donors.kg/en/donors/sdc</p>	<p>Deploys technical, financial and humanitarian cooperation instruments in five main thematic domains:</p> <ol style="list-style-type: none"> 1) Healthcare reform; 2) Water management and disaster risk reduction; 3) Basic infrastructure (water and energy); 4) Private sector development; 5) Public institutions and services.
<p>THE DELEGATION OF THE EUROPEAN UNION IN THE KR</p>	<p>The main objective of cooperation under the Development and Co-operation Instrument (DCI) instrument is the eradication of poverty in partner countries and regions in the context of sustainable development, including pursuit of</p>

http://donors.kg/en/donors/eur	<p>the Millennium Development Goals, as well as the promotion of democracy, good governance and respect for human rights and for the rule of law.</p> <p>The European Instrument for Democracy and Human Rights (EIDHR) is a programme which aims at promoting human rights, support penal reform and prisoner's rights, democracy and good governance, media freedom, rule of law and security structures (police/armed forces), as well as conflict prevention.</p>
<p>Turkish International Cooperation and Development Administration (TIKA)</p> http://donors.kg/en/donors/tica	<p>Supports projects in the area of human development and technical cooperation. Programs and projects implemented by the TIKA Administration may be grouped by two categories: technical assistance and cooperation. The TIKA's technical assistance includes training programs, equipment supply and delivery of expert services.</p>
<p>USAID</p> http://donors.kg/en/donors/usaid_en	<p>USAID works in the following areas (and not limited to): Health (quality primary health care, maternal, child and reproductive health, HIV/AIDS prevention and control), and Education (access to basic education), Democracy and Conflict Mitigation, other Supporting Activities (institutional capacity building for NGOs, Community Connections exchange programmes)</p>
<p>World Bank</p> http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/KYRGYZEXTN/0,,contentMDK:20310469~menuPK:600398~pagePK:141137~piPK:141127~theSitePK:305761,00.html	<p>Social Development Civil Society Fund Program (former Small Grants Program) provides small grants for supporting civic engagement for the empowerment of marginalized and vulnerable groups. Grants are usually awarded to local NGOs.</p>
<p>UNDP</p> http://www.undp.kg/en/about-undp/kyrgyzstan-country-office	<p>(mostly related to MDGs) Programmes to:</p> <p>Accelerate pro-poor development, good governance and environmental sustainability objectives.</p> <p>Raise awareness of and capacity in cross-cutting themes such as conflict prevention, disaster risk reduction, gender equality and respect for human rights.</p>
<p>UNICEF</p> http://www.unicef.org/kyrgyzstan/	<p>Joint Kyrgyzstan-UNICEF programme will contribute to</p> <ul style="list-style-type: none"> (a) an increase in the number of women and children from poor and vulnerable families who have access to priority lifesaving health services, including those of nutrition; (b) effective implementation and monitoring of local plans for children by municipalities in the selected areas; (c) an increase in the proportion of children benefiting from preschool services in the targeted municipalities; and (d) a decrease in the number of boys and girls living in institutions per 100,000 child population.

<p>UNIFEM</p> <p>http://www.unifem.org/about/contact.html#countryprogrammes</p>	<p>Promotes women's empowerment, rights and gender equality.</p> <p>UN Women provides grants to fuel innovative, high-impact programmes by government agencies and civil society groups through two funds—the Fund for Gender Equality and the UN Trust Fund to End Violence against Women. A multi-donor initiative, the Fund for Gender Equality is dedicated to programmes that increase women's economic opportunities and/or political participation at local and national levels.</p>
<p>Danish Refugee Council</p> <p>http://www.drc.dk/relief-work/where-we-work/central-asia/kyrgyzstan/</p>	<p>Reconciliation, support to refugees, grant-making, humanitarian assistance and reconstruction aid</p>
<p>The Christensen Fund</p> <p>http://www.christensenfund.org/</p>	<p>Grant-making for: handicrafts, culture, ecology and etc.</p>
<p>National Endowment for Democracy (NED)</p> <p>http://www.ned.org/es</p>	<p>Grant-making for:</p> <ul style="list-style-type: none"> Promotion and protection of human rights and the rule of law To ensure accountability and transparency Support of civil society groups Support civil literacy Promoting freedom of association and others
<p>Global Fund (HIV/AIDS)</p> <p>http://www.theglobalfund.org/en/about/diseases/</p>	<p>Focus: AIDS, tuberculosis (TB) and malaria. Grants to local NGOs.</p>
<p>Abilis Foundation</p> <p>http://www.abilis.fi/</p>	<p>Supports activities that contribute toward equal opportunities for disabled people in society through human rights, independent living, and economic self-sufficiency. Special priority is given to projects on advocating for human rights of disabled people and to activities developed and implemented by disabled women.</p>
<p>HIVOS</p> <p>http://www.hivos.nl/eng/Virtual-Office/Funding</p>	<p>Culture, ICT & media and transparency.</p> <p>Democratisation, human rights, gender and AIDS prevention, and other programmes.</p>
<p>Open Society Institute</p> <p>http://www.soros.org/</p>	<p>Grants for various programmes and projects: medical, social, education, human rights, migrants, budget transparency, etc.</p>
<p>Norway Helsinki Committee</p> <p>http://nhc.no/en/</p>	<p>Provides small grants related to human rights protection, freedom of media, democratization or strengthening of civil society</p>
<p>Embassies of Norway, Netherland, Finland, Germany, UK, USA</p>	<p>Often work with the government but sometimes or in some cases provide grants and/or technical support to NGOs.</p>

Key Players in these fields:

Focus	Key players
National, cross-cutting	Government and its relevant committees on social, healthcare and education issues
	The Parliament
	Local city or district councils (kenesh)
	Local city or district governments (aiyl okmotu)
Social	Government agencies
	Ministry of Social Development
	Medical, social expert commissions (MSEC), regional and local levels
	Family and Child Protection Departments under the Ministry of Social Development, local level
	Regional/Local social departments
	Local NGOs
	The Resource Centre for Elderly (Ресурсный Центр для Пожилых)
	Mental Health and Society NGO, Bishkek
	Network for Child Rights Protection
	Network for Persons with Disabilities Rights Protection
	Child Protection Centre
	The Movement of Young People with Disabilities (Движение Молодых инвалидов), Bishkek
	"Ravenstvo" (Equality) the association of disability NGOs of Issyk-Kul region
	The Association of Parents of Disabled Children, Bishkek (and sometimes nationwide)
	Nur Bala NGO, Talas region
	Family to Every Child NGO, Osh
	Naryn Association of Parents for Child Protection, Naryn
	The League of Child Rights Defenders, Bishkek
	The Association of crisis centres
	Sezim crisis centre
	Roza Otunbaeva Initiative, Int'l Foundation
	Int'l NGOs (also or just implement own projects)
	Soros Foundation - Kyrgyzstan
	Eurasia Foundation in Central Asia
	ICCO – InterChurch Cooperation Organization (together with Kirk in Actie)
	Scientific Technology Language Institute (STLI)
	International Resource Group (based in the USA, follow where the money go)
	Crosslink International (often provide new and/or used medical equipment and humanitarian aid)
	Red Crescent Society
	Save the Children, UK
	HelpAge Int'l
Handicap International	
INTRAC	
Habitat – Kyrgyzstan	
Hope (support to persons with disabilities)	

	ACTED
	Mercy Co Int'l

Education	Ministry of Education
	Educational, medical and psychological consultations (PMPK), regional and local levels
	Academy of education
	Regional/Local educational departments
	Local NGOs
	Centre of Public Technologies
	AVEP Public Foundation
	Roza Otunbaeva Initiative, Int'l Foundation
	Int'l NGOs
	ICCO – InterChurch Cooperation Organization (together with Kirk in Actie)
	Save the Children, UK
	Soros Foundation - Kyrgyzstan
	Eurasia Foundation in Central Asia
	SOS villages
Handicap International	

Healthcare	Ministry of Healthcare
	National Centre for Mother and Child Protection
	Kyrgyz State Institute for retraining and increasing qualification under the Ministry of Healthcare (Кыргызский Государственный Медицинский Институт переподготовки и повышения квалификации при Министерстве Здравоохранения)
	Regional/Local healthcare departments
	Republican AIDS centre
	Local NGOs
	Alliance for Reproductive Health (Альянс по Репродуктивному Здоровью)
	Uplift Aufind NGO (have extensive experience of working closely with Baby homes and boarding institutions)
	Crosslink International (often provide new and/or used medical equipment and humanitarian aid)
	Red Crescent Society
	My family and Society NGO
	Ergene NGO
	Partnership Network – The Association for Harm Reduction Programmes (HIV/AIDS)
	International NGOs
	Abt Associates
	Soros Foundation - Kyrgyzstan
	Peace Corps
	Save the Children, UK
Médecins sans Frontières, Switzerland	
Scientific Technology Language Institute (STLI)	

Some local well-known NGOs	
Rights	Adilet Legal Clinique (Юридическая клиника Адилет)
	International Centre for Non-commercial Law (ICNL)
	Youth Human Rights Group
	Women can do everything, NGO
	Women's discussion club
Analysis, development of strategies	Institute of Humanitarian Design (Институт Гуманитарного Проектирования)
Capacity-building	InterBilim
	The Association for Civil Society Support
	Coalition for Democracy and Civil Society
	Alga (women's) NGO

What already being done by HealthProm and others

HealthProm

HealthProm (HP) has been working in Kyrgyzstan through its local partners since 2008 mainly in 3 areas:

- capacity building of parent-led NGOs,
- opening and technical support to community day-care centres,
- increasing awareness on disability issues among local communities.

HP has been instrumental in enabling its main partner the Association of Parents of Disabled Children (ARDI) to become a leading parent-led NGO in the country. As a result it has received a building for its day care centre from the Kyrgyzstan government which is the first such case in the country's history. Now HP involves ARDI as the main training resource for its another 2-year project in the Talas region (with the same aims as mentioned above).

HP's projects have increased attention to disability issues and particularly the problems faced by parents of children with disabilities by working with traditional media (newspapers, radio and TV as well as newsletters) and using new media (social networks, e-sharing platform via Google groups). HP is still issues quarterly informational newsletters and administers 2 informational networks in the country with one dedicated to issues of children with special needs (over 110 subscribers) and the other – for parent-led NGOs and day centres (over 30 subscribers) throughout the country.

HP has been the first one in the country to start a large campaign for disabled children's rights protection called "Driving against indifference" and international conferences on child disability issues which were mostly practical (so that participants and other NGOs request to conduct them again). ARDI now conducts the campaigns on annual basis. Last year we helped them to make it nation-wide by involving regions.

HP has helped a new and the only NGO of parents of children with autism (registered in spring 2012) by providing extensive consultations, sharing contacts, including in the informational network and inviting to some training events within HP's existing project. As a result the Soros Foundation – Kyrgyzstan has some plans for joint work with this newly-established NGO.

Activities by international donors and international NGOs⁶⁰

The Delegation of the European Union is supporting government's reforms in the social sector including greater attention to the needs of the most vulnerable including persons with disabilities (standards of care, alternative care etc.), women's groups, street children, prisoners and the elderly. The delegation also provides large grants to local and international NGOs working on those issues.

USAID is one of the main donors in the health sector. Together with the Ministry of Healthcare, it implements a range of activities (and not limited to):

- Supporting the Ministry of Health in implementing the five-year health sector strategy Den Sooluk.
- Solidifying gains resulting from the pooling and purchasing system arrangements of the Mandatory Health Insurance Fund/single payer system for the State Guaranteed Benefit Package.
- Expanding health financing reforms to results-based financing and improving financing for TB, HIV, and public health.

⁶⁰ Considering relevant social, medical and education issues.

- Expanding and institutionalizing implementation of the Safe Motherhood program, including linkages to family planning and reproductive health.
- Developing capacity of civil society, including professional associations and community-based organizations, to participate in policy dialogue, advocate on behalf of their constituents, provide services to members, and perform functions delegated to it by the Ministry of Health. In Kyrgyzstan, the USAID Quality Health Care Project supports the work of the Family Group Practice and Nurses Association, the Hospital Association, and the Family Medicine Specialists Association.

ICCO provides technical support and grants to non-governmental organizations on various issues mainly on human rights, democratisation, transparency and capacity-building. One of its current programmes aims to increase access to state guaranteed basic services and has provided HealthProm with 2-year funding to support parent-led NGOs and day care centres in the Talas region, Bishkek and Bokonbaevo. Currently ICCO actively supports networking of different NGOs working on similar issues in the country (for example, on human rights, children with disabilities) by creating a common ground for them to meet, learn and share (and maybe establish formal or informal networks) with the basic principle – help NGOs to protect the rights of their beneficiaries by strengthening their individual and collective capacity and make the government(s) accountable before them and public. In this sense ICCO has become instrumental in helping many NGOs to develop a long-term vision and appropriate strategies.

The Eurasia Foundation in Central Asia (EFCA) has been actively implementing various projects mainly in the social and educational sector. The Foundation currently implements projects on human rights protection for the most vulnerable, provides support to a number of children with disabilities to have access to schools, empower vulnerable women and others.

Handicap International has just recently started a project on vocational training for young people with disabilities at the state educational institutions for vocational training.

UNICEF has been recently very active in the deinstitutionalisation process (although it's been doing this for over the last 10 years) working with the government, ministries and local NGOs. Other areas include provision of free packs containing important vitamins and microelements, promotes breastfeeding, early childhood development (through parents and schools), re-socialisation of children in two correctional facilities for children, development and introduction of mediation services by training mediators on conciliatory measures towards children in conflict with the law, provision of technical support to immunisation against measles and polio, working on strengthening policies at national levels and providing training and equipment to maternity hospitals at local level.

The Abilis Foundation currently works in Kyrgyzstan through Ravenstvo NGO to provide grants for mainly small community disability NGOs and those led by parents of children with disabilities.

STLI has developed the Family Medicine Training programme to train local medical workers (of primary healthcare level) to provide better care in rural areas.

Uplift Aufwind has been mainly working (without being registered) to support children with disabilities in residential institutions, namely with 3 Baby Homes and the Belovodskij residential institution for children with disabilities by providing humanitarian and technical aid, medical and rehabilitation services (visits by doctors, massage, medication, etc.).

The Public Health programme of **the Soros Foundation – Kyrgyzstan** (SFK) works to ensure the rights of injection drug users, people living with HIV and/or TB, women, sex workers, lesbians, gays, bisexuals and transgender, people with intellectual and mental health problems, as well as those who suffer from cancers to have access to better health and social services. Central Asia Regional HIV/ AIDS Programme (CARHAP) of SFK is funded by the Department for International Development

(DFID) and aims to avert a generalised HIV/AIDS Epidemic in Central Asia. HIV/AIDS issues are also addressed by more than a dozen of well-established local NGOs and international agencies such as UNDP, WHO.

GIZ's programmes - Regional programme for healthcare in Central Asia, HIV/AIDS and Preventing Addiction in Central Asia and Central Asia Drug Action Programme (CADAP) are aimed at improving the quality of reproductive health services and the access of vulnerable groups to basic social protection services, prevention of drug use and HIV among young people. In addition, GIZ supports computerizing some social services (social passport for families in need) which is being piloted currently. GIZ is also involved in reforming the education sector, as well as in vocational training and the labour market.

Currently **Save the Children** implements projects in the following areas: Child Protection program, Hygiene and sanitation, Food security program, and others. Large funding received from the EU for a disaster risk reduction programme in Central Asia. Lately it has been active in the South in the aftermath of the interethnic conflict by providing humanitarian and technical aid, building and equipping playgrounds for children.

Activities of local NGOs

Well-known local NGOs such as **Mental Health and Society, the Child Rights Protection Network and the League of Child Rights Defenders** mostly work in the area of human rights protection at the national and local levels, including protection vulnerable children and women as well as children with disabilities.

The Network for Disabled Persons Rights Protection is becoming a serious force in the disability sector and is actively lobbying reforms in the social, medical and education sectors for the benefit of persons with disabilities. Currently its main aim is lobbying the ratification of the UN Convention on the Rights of Persons with Disabilities.

Youth Human Rights Group has been influential in raising the issue of children in residential institutions by providing research about violence against institutionalised children and disseminating this information widely via mass media and round tables.

Such local NGOs as the **Association of Parents of Disabled Children** in Bishkek, **Nur Bala** in Talas, **Family to Everychild** in Osh, **Naryn Parent-led Organization for Child Rights** in Naryn, **Meerim Bulak** in Jalal-Abad, **Dao Tokmok** in Tokmok, **Luch Solntsa** (Sun Beam) in Kyzyl-Kia, **Ravenstvo** in Issyk-Kul (and many more) have all been implementing various small disability projects mostly limited to their localities, and mainly to support parents of children with disabilities as well as people with disabilities, provide day care for children, and other social activities.

Gaps⁶¹

The main problems in the **social sector** are:

- Lack of the system of standards for the provision of social services to families and children in difficult situations.
- Lack of real instruments to make social protection system more targeted.
- Inefficient distribution of resources to provide services to children in institutions/orphanages, which leads to the necessity of de-institutionalize institutions like orphanages.
- Weak gatekeeping policies to prevent vulnerable children (orphans, with disabilities, migrants) from institutionalization. At the same time weak or no system to help institutionalized children to integrate into society. Lack of monitoring of the situation with children in institutions/orphanages.
- Low level of coverage of persons with special needs with social protection measures, as well as the lack of a developed system for integration of persons with disabilities in public life.
- No early intervention strategy and activities towards families and children with special needs and in crisis.
- Lack of or no prevention system or patchy and short-term activities among young people, risk and socially vulnerable groups, migrants to avoid HIV infection, disability, human trafficking, and homelessness.
- No interdisciplinary/interagency collaboration although there is understanding among government agencies of its need.
- Lack of or no support to/collaboration with non-governmental/private rehabilitation centres.
- The social and medical infrastructure is degrading, and it is generally inaccessible for public for the following reasons: physical access is mostly difficult (for the disabled, the elderly, pregnant, etc.), bureaucratic procedures are often complex, and corruption is rampant.
- Despite emerging positive attitude towards persons with disabilities mainly in the capital, medical and charity models of disability (stigma) are still dominating society, particularly the minds of officials and mass media. Attitude towards people and children with HIV/AIDS is very negative.
- The absolute majority of young people with disabilities completing (usually at 18) non-governmental/private social and rehabilitation centres is very unlikely to find work, go to study further or have own accommodation.
- Despite calls from the NGO sector and experts there is no strategy on disability issues to deal with problems and issues of over 130 thousand persons with disabilities.
- A specific disability department with sufficient enforcement powers should be created within the government since various departments and/or officials of appropriate government agencies responsible for dealing with disability issues have not been able to influence the deteriorating situation on disability issues.
- Outflow of the most qualified professionals from the country is still observed today as a result of political instability, low salaries and unemployment.
- Post-conflict programmes in the south of the country have focused more on rebuilding physical infrastructure and some short-term actions on reconciliation and rehabilitation. There is no long-term strategy as well as continuing activities on dealing with children and women who have become victims of the conflict either directly or indirectly.
- Most NGOs still lack or do not have skills and qualification to deal with challenges they face either inside or outside of their organizations: in visioning, management, fundraising, PR, monitoring, client service, etc. (except for projects when some are able to attract professionals for limited time).
- Although Kyrgyzstan NGO sector has the strongest influence on officials and their activities comparing to their counterparts in Central Asia and Kazakhstan, there is lack of or no systematic approach to integrating (at least professional) NGOs into the government's structure and activities (for example, outsourcing some activities); and often joint collaboration is formal and does not necessary lead to real changes.

⁶¹ Gaps identified mostly taken from in-country strategies and mostly those relevant to HP's areas of interest.

- Most well established NGOs in all areas do not have PR professionals. This is one of the reasons why society in general and most officials perceive NGOs at least as "grant eaters".

The main problems in the **healthcare sector** are:

- Inadequate legislation for introduction of public-private partnership mechanisms in the public health sector.
- Decrease of availability of medication for socially vulnerable categories of the population.
- Insufficient progress in accomplishment of MDG 4, MDG 5 and MDG 6.
- Insufficient level of material and technical equipping of public health organizations, the number of ambulance vehicles is at the level of 60% of the required number.
- Shortage and uneven distribution of human resources (with still existing 'brain drain' of professionals), decline in the quality of personnel training.
- Insufficient development of and low quality of public health services.
- Lack of prophylaxis (prevention) system and weak communication within the healthcare system and between other agencies as a result the whole system deals with consequences.
- Often inadequate, incorrect and weak technical, professional capacity of medical workers to identify disability (particularly intellectual disabilities).
- Lack of access to emergency care, professional medical care and technological support as a result of ineffective individual medical services for the population.
- Healthcare organizations do not have sufficient management autonomy which affects the quality of healthcare services and management.
- Low capacity of healthcare system in management and continuing quality improvement.
- No or lack of interagency collaboration between education, social and healthcare systems.
- There is significant share of low quality or counterfeit medication in the market; the absolute majority of medicine is sold without prescriptions (although there is such a requirement) as a result of weak control and lack of enforcement by the Ministry of healthcare.
- International pharmaceutical companies provide material and financial incentives for medical workers to prescribe their medicines to patients that maybe quite often ineffective.

The main problems in the **education sector** are:

- Lack of or no interdisciplinary and interagency cooperation on prevention, early education and support.
- Low coverage of children by preschool education. Currently only 13.4% of all 3-6 year olds children are covered by the education (In Kazakhstan, this figure stands at 45%, in Russia - 58%, in Belarus - 100%).
- No or lack of alternative non-governmental or private preschool and school educational institutions (for street children, children with disabilities, etc.)
- Extracurricular activities cover only 7.8 % of all schoolchildren in Kyrgyzstan.
- Inclusive education (curricula, training of teachers, attitude, books, physical access) in piloted 40 schools all over the country has not been successfully integrated into those schools and local communities.
- Access of disabled children to inclusive education is largely uncertain despite a 3-year project by the Ministry of education (together with the Save the children) funded by the ADB. According to some local NGOs and activists children with severe disabilities (but with normal intellectual abilities) are left out of education as before.
- The education programmes of non-governmental/private rehabilitation day care centres and of state preschools / schools are not integrated and may vary greatly. So there is a problem of continuity of programmes, preschool programmes often duplicate the school programme of the 1st form.

- Most of the educational institutions are located in the old and dilapidated buildings built during the Soviet times, many extra-curricular organizations do not have their own building. Local governments do not provide sufficient support to non-(pre)school and private/non-governmental educational organizations.
- The absolute majority of educational institutions (preschools, schools, boarding institutions) lack or do not have or have outdated and old necessary equipment, development materials (toys, books), laboratories, textbooks, relevant facilities (running hot and/or cold water, toilets inside, etc.), furniture, computers and internet.
- There is no education strategy on prevention, early intervention and support through educational establishments (parents are not informed of importance of early education or negative impact of violence).
- Lack of interagency/intersectoral coordination and resources to deal with bullying, violence and racketeering in schools (although there is a national programme on this issue).

Where can HP do something?⁶²

HealthProm can contribute to:

National level

Healthcare

- Improve the quality of medical education and services by working with the Ministry of Health and the Institute for medical workers training in terms of implementation of the "Den Sooluk" National Healthcare Programme's 2 of the main areas – maternal and child health (maternity hospitals, village paramedic midwife posts (called FAPs), Family Medicine Centres – prevention, early intervention and development, nutrition, feeding, outreach work), and HIV/AIDS.
- Support virtual education/training and virtual consultations by the capital's medical institutions for other regions and remote areas by providing technical equipment (for video-conferencing) and appropriate training.
- Train and or improve the capacity of medical workers of primary level (FAP, Family Doctors Groups, Family Medicine Centres) with a focus on quality medical services, disability prevention, early development, and nutrition.
- Assess equity issues in access to healthcare, and ensure that no vulnerable groups (including minority ethnic groups, people living outside their place of registration and stateless persons) have difficulties accessing maternal and child healthcare.
- Research the reasons for late registration of disability with healthcare professionals or lack of registration of children with intellectual disabilities.
- Support government policies to improve early identification and registration of and support to children with disabilities (particularly with intellectual disabilities).
- Build the capacity of the Ministry of Healthcare to better manage maternal and child health (including support for monitoring and evaluation).
- Conduct communication activities to form positive attitude towards person with disabilities.
- Conduct communication activities related to HIV/AIDS among persons with disabilities and their families, migrants and other vulnerable groups.

Education

- Work with the Ministry of Education by implementing the Education Development Strategy in terms of preschool education and creating alternative forms of education (community day care and development centres) and resource and creative centres in schools.
- Together with the Ministry of Education promote parenting education, enhancing physical and cognitive development of young children through preschool and school system.
- Work with mass media to develop positive, values-based programming for pre- and school children and parents (including diversity and disability, discipline and violence, conflict resolution).

Social protection

- Work with the Ministry of Social Development by implementing the Social Development strategy in terms of providing support to persons with disabilities, vulnerable children and families in crisis (support to establishing day care centres and/or capacity-building of existing and new day care centres).
- Support deinstitutionalization and alternatives to institutionalization by providing technical support (experts, equipment) and establishing alternative forms of care and development.
- Support government policies to improve early identification and registration of and support to children with disabilities (particularly with intellectual disabilities).

⁶² Strategies and the UNICEF report: Situation Assessment of Children in KR have also been used to identify areas where HealthProm can contribute to.

- Collect information on all institutions (including government, judicial system, NGOs and CBOs, businesses and others) that monitor and protect children's rights and support vulnerable children to publish a directory of organizations.
- Research issues of children working in hazardous conditions, including radioactive tailings and in mines, and what can be done to prevent this.

Community level:

Healthcare

- Strengthen quality and administration of perinatal services, newborn screening programmes and prevention of mother to child transmission of HIV at the primary level and maternity hospitals.
- Together with local stakeholders encourage and/or create interdisciplinary/interagency collaboration at the local level by creating beneficial, simple and clear implementation and monitoring mechanisms.
- Work at community level to address socioeconomic causes of maternal and infant mortality, e.g. by:
 - promoting early contact with healthcare professionals in pregnancy;
 - supporting community efforts to improve access to transportation to healthcare facilities;
 - working to ensure that no-one is excluded in target communities from maternal and child healthcare for reasons of inequity (such as disability, ethnicity, or poverty);
 - education for reducing discrimination and stigma in the healthcare system on grounds including health status, disability, ethnicity, place of origin, etc;
 - communications activities for mothers and carers for early warning, prevention of dangerous medical conditions and early intervention.
- Conduct communications activities to and work with local authorities and agencies and community leaders to address stigma and discrimination against persons with disabilities and those living with HIV/AIDS.
- Conduct communications activities to increase public awareness to improve nutritional practices and reduce anaemia and iodine deficiency among women and children.
- Empower community members to increase demand for quality nutrition services for women and children.
- Improve the provision of dental care through the development of dental services for vulnerable groups of population in rural areas (training, equipment, and financial support).

Education

- Create a model of inclusive education in rural school connected with preschool and/or alternative education and care centres and disseminate the practice.
- Expand peace and tolerance education curricula initiated in the south after the June 2010 conflict to cover inclusiveness for all social groups facing stigma and other barriers to education (with a focus on children with disabilities, particularly with intellectual ones).
- Integrate early childhood development into other interventions and support at community level.
- Work in targeted schools to tackle issues of bullying, violence and racketeering.

Social protection

- Forge links between local government and civil society to build capacity for implementation, monitoring and protection of children's rights.
- Support efforts to help children remain with their families.
- Promote alternatives to institutionalisation.
- Improve birth registration mechanisms and documentation among vulnerable groups (low-income households, remote rural communities, migrants, and others) where these issues are particularly problematic.
- Improve access to child protection and social protection services in rural communities by working together with local authorities, law enforcement agencies and community organizations.

- Improve services protecting children and women from violence and abuse through well functioning referral and response mechanisms.
- Carry out communications activities to improve understanding of child protection issues and services and problems of child abuse.
- Develop capacity of community based organisations for implementation, monitoring and reporting on disabled child rights issues.
- Work with law enforcement agencies in target areas to build capacity for child protection and working with vulnerable children and youth (migrants' children, street children, children in crisis).
- Support local institutions to develop preventive and rehabilitation services for vulnerable children (children with disabilities, children in breach with the law, street children, migrants' children).
- Support education and communication activities on bride abduction, early marriage and gender-based violence in communities where these problems are widespread.
- Conduct communications activities among vulnerable women and families about children's rights to birth registration.
- Pilot a sustainable model of regular outreach interdisciplinary team working with vulnerable children and families.

NGOs

- Empowerment of NGOs and groups led by parents of children with disabilities (particularly with mental/intellectual disabilities) and/or women of children with HIV.
- Creating a network of resource day care centres throughout the country.

Technical support

- Train and provide new technologies (internet, equipment) for day centres and FAPs in rural/remote areas.
- Consider delivery of quality medicines from the UK and/or Europe that are permitted for use in Kyrgyzstan.
- Consider delivery of used but still quality necessary medical equipment (from UK/Europe) and vehicles for medical purposes (from Europe) to Kyrgyzstan.
- Consider sending medical/social volunteers professionals for several weeks/months to train local medical and social workers as well as NGOs/CBOs.

Annexes

Annex 1. Map of Kyrgyzstan: regions (provinces), cities, and neighbours.



Source: <http://www.maps.com/map.aspx?pid=8974>

Annex 2. Proportion of children living in poverty in 2010, as a %

	Total	Urban	Rural
Non-poor	59.1	70	53.7
Poor	40.9	30	46.3
Of whom, very poor:	6.5	6.3	6.6

Source: Kyrgyz Republic: Medium-Term Development Program—Poverty Reduction Strategy Paper 2012-2014)

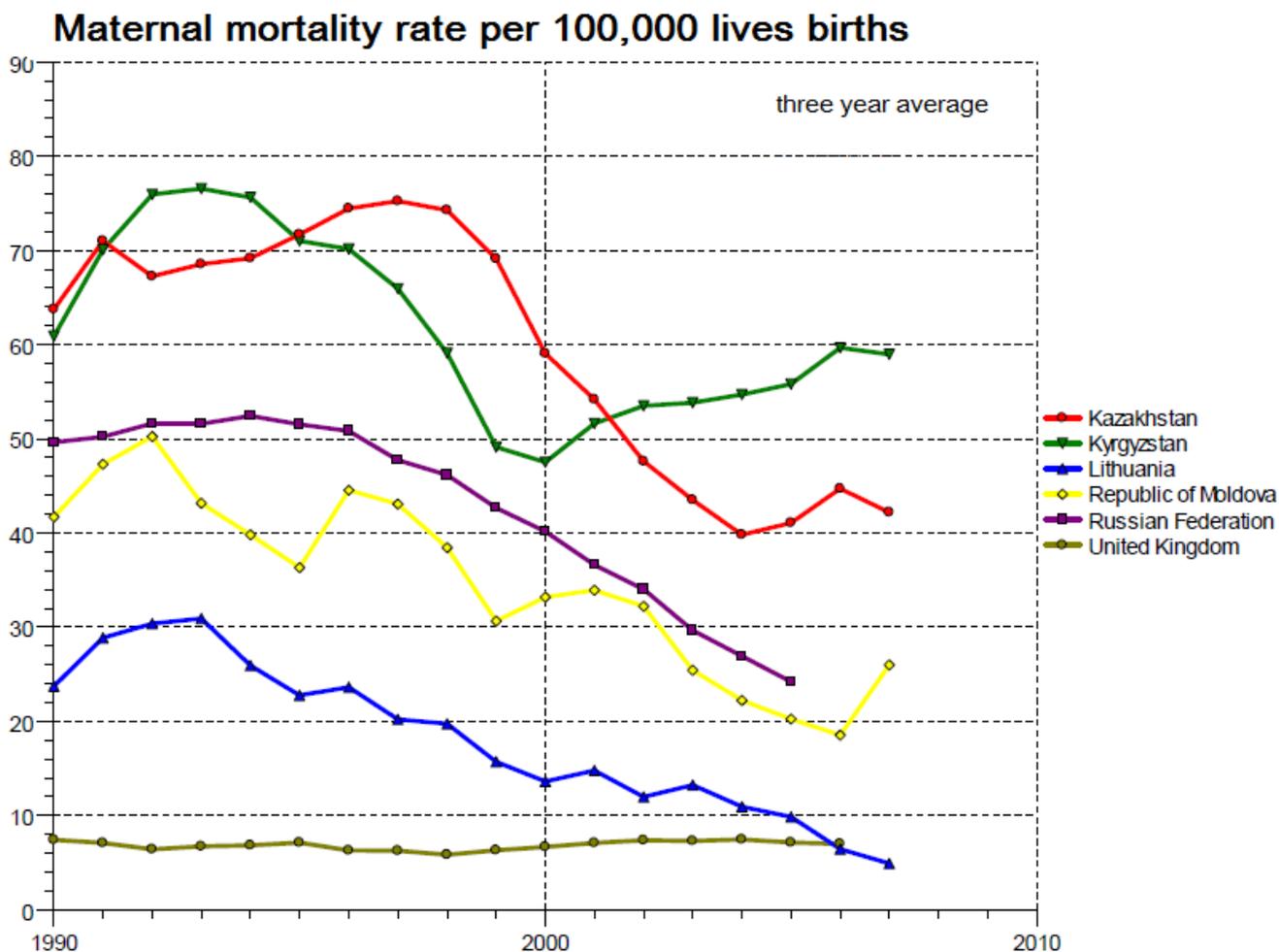
Annex 3. Selected socio-economic indicators

	2005	2006	2007	2008	2009	2010
GDP million soms	100,899	113,800	141,898	187,992	201,223	212,177
GDP per capita at PPP dollars	1,728	1,822	2,029	2,229	2,283	n / a
GDP growth,%	-0.2	3.1	8.5	8.4	2.9	-1.4
GDP growth (excluding Kumtor),%	1.9	5.7	9.0	6.5	3.4	-2.1
The GDP deflator,%	7.2	9.4	14.9	22.2	4.0	6.9
Inflation (CPI, end of period),%	4.9	5.1	20.1	20.0	0.0	19.2
Exchange rate, som / U.S. dollar	41.01	40.16	37.31	36.57	42.89	45.96

(average for the period)						
Exports of goods, mln U.S. dollar	686.8	906.0 1	1,337.8	1,874.4	1,693.8	2,027.8
Imports of goods, mln U.S. dollar	1,099.5	1,715.8	2,417.0	4,072.4	3,040.2	3,237.6
Remittances, mln U.S. dollar	481.5	730.6	1,023.2	1,469.6	1,072.8	1,267.7
Rate of growth of real wages,%	11.9	12.7	19.0	9.2	8.0	5.8
Population (average for period), million	5,164.0	5,218.4	5,268.4	5,318.8	5,383.5	5,448.0
The poverty rate,% of total population	43.1	39.9	35.0	31.7	31.7	33.7

Sources: National Statistics Committee, the National Bank, the World Bank (taken from the Analysis of public spending on the social sector in the Kyrgyz Republic, 2007-2010. Centre for Social Research for UNICEF).

Annex 4: Dynamics in maternal mortality rate in several countries (green line is Kyrgyzstan).



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